

Minnesota Orienteering Club

8th Annual Team Adventure-O July 11, 2009



Personal Injury Waiver and Medical Information Sheet

Name _____ Team Name _____

Do you have any medical conditions we should know about?

Are you currently taking any medications?

Do you have any allergies? (including food and drug allergies)

Please provide emergency contact information:

Name _____

Phone # _____ Relationship _____

Privacy Note: Information on this form will be used only by meet officials and EMTs in case of a medical emergency. This information will not be otherwise recorded and will be destroyed after the event is finished.

IF YOU DO NOT FULLY ACCEPT THE FOLLOWING CONDITIONS AND DO NOT SIGN THIS WAIVER, YOU WILL NOT BE PERMITTED TO PARTICIPATE IN THIS EVENT.

I, the undersigned, know that Adventure Racing, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks, which, in combination with my action, can cause me serious, or possibly even fatal, injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not the organizers, officials, or volunteers of this event, the landowners or managers, public agencies, or any sponsors, am responsible for my safety while I participate in this event.

Signature _____ Date _____

(If under 18 years old)

Parent or Guardian's Signature _____