

Minnesota Orienteering Club  
Medical Information Sheet and Waiver  
20<sup>th</sup> Annual Adventure-O - July 9, 2022



Team Name \_\_\_\_\_ Racer Name \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Age \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have any medical conditions we should be aware of?** \_\_\_\_\_

\_\_\_\_\_

**Are you currently taking any medications?** \_\_\_\_\_

\_\_\_\_\_

**Do you have any allergies, including food and medication allergies?** \_\_\_\_\_

\_\_\_\_\_

*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 \_\_\_\_\_