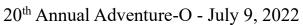
Minnesota Orienteering Club Medical Information Sheet and Waiver





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 medication	ns?	
Do you have any allergies, including	food and medication allergies?	
Privacy Note: Information on this form will be used be otherwise recorded and will be destroyed after th	only by meet officials and EMTs in case of a medical emergency. This informatic e event is finished.	on will not
IF YOU DO NOT FULLY ACCEPT THE FO NOT BE PERMITTED TO PARTICIPATE I	LLOWING CONDITIONS AND DO NOT SIGN THIS WAIVER, YOU N THIS EVENT.	I WILL
natural and man-made hazards, environmental cond even fatal, injury. I agree that I, as a participant, mu	an outdoor action sport, carriers significant risk of personal injury. I know that the tions, and risks, which, in combination with my action, can cause me serious, or set take an active role in understanding and accepting these risks, conditions, and volunteers of this event, the landowners or managers, public agencies, or any spevent.	possibly hazards. I
Signature	Date	
(If under 18 years old) Parent or Guardian's Signature		