

I, _____, choose to participate in the Eagle River Masters Adult Training Program.

I understand that I will be participating in an active program and will not hold Alaska Nordic Racing, the coaches and/or persons responsible in case of harm or injury for circumstances unknown.

Name Date

Medical/Dental Release

I, _____, hereby authorize the coaches and other adult representatives of the Alaska Nordic Racing to obtain such medical or dental care for myself as the coach or adult representative deems necessary. This authorization shall remain in effect during my participation of the Eagle River Masters and all other activities incidental thereto. I agree to be responsible for the cost of such medical or dental care.

The following information is needed by any hospital or practioner not having access to my medical history:

Emergency contact: _____ phone #: _____

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Other pertinent facts to which the physician should be alerted:

Medical insurance company: _____ Group policy number: _____

Dental insurance company: _____ Group policy number: _____

Signature Date

Home phone: _____

Work number: _____