

In partnership with



SPORTS MEDICAL RELEASE FORM



Please read carefully and sign,

The undersigned, (print name) _____ hereby consents to the following in the event (print name) _____ is injured during his or her participation:

Agents or officials of the organization in which (print name) _____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time, medical treatment may be given to (print name) _____ including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

Participant Name (please print): _____

Participant Signature: _____

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

The foregoing instrument was acknowledged before me on this, the ____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who (did) or (did not) take an oath.

Print Name

Notary Public