

**MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted.

I also assume the responsibility for the payment of any such treatment.

This release is effective for the period of one year from the date given below.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to action on my behalf.

A Jimmy Weinert Motocross Training Facility representative where my child is training.

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN)  
\_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public