

Waiver and Release Form

Name of Participant: _____

Age/Class: _____ ABA serial or NBL #: _____

Address: _____

City/State/Zip: _____

Email: _____

Emergency Contact(s): _____

Contact Phone #(s): _____

Medical Information

Does the participant have any disabilities, handicaps, any history of heart/breathing conditions, or any significant medical conditions that we need to be aware of?

If so please list. _____

Emergency Authorization

I, the undersigned, parent or legal guardian of the participant(minor) or myself(adult participant), hereby authorize instructors in the capacity as my agent to consent to medical, surgical, or dental examination and or treatment. In case of an emergency, I hereby authorize treatment and or care to any hospital for the participant(a minor) or myself(adult participant).

Release and waiver of liability and disclaimer

I, _____, induce Stile Ind. Camps, to accept, register, and permit participation in training camps of the name of said individual, I (legal adult/parent or guardian of said individual), hereby give my consent and agree to release, indemnify and hold harmless Stile Industries, LLC, officials, instructors, tracks and sponsors, from any and all claims arising from injury or death to named individual. I also certify that the above named participant is a current member of the American Bicycle Association or the National Bicycle League in good standing.

Name of Guardian/parent (please Print): _____

Signature of Legal Guardian/Parent: _____ Date: _____

Signature of Participant(if legal adult) _____ Date: _____