

**Alaska Nordic Racing  
2011-2012 Medical/Liability Release**

I \_\_\_\_\_

parent/guardian of \_\_\_\_\_

hereby authorize the coaches and other adult representatives leading ANR to obtain such medical or dental treatment for my child as the coach or other representative deems necessary. This authorization does not include major surgery unless (a) I am contacted and consent thereto or (b) two licensed physicians concur in the necessity for such surgery prior to my child participation in ANR activities incidental thereto. I also agree to be responsible for the cost of such medical or dental care.

The following information is needed by a hospital or practitioner not having access to my child's medical records:

Allergies \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Other pertinent facts to which the physician should be alerted to \_\_\_\_\_

Home number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Group/Policy number \_\_\_\_\_

I also know that cross country skiing and cross country ski training include trail running, roller skiing, hiking as well as a several other methods that are outdoor action activities that carry a significant risk of personal injury. I know that there are natural and man made obstacles, hazards, and environmental conditions and risks, which in combination with my child's actions can cause severe and or possible fatal injury. I agree that as a participant, I must take an active role in understanding and accepting these risks, conditions and hazards. I also agree I will not hold any claim against ERNTC/ANR the coaching staff any sponsor or organizer for injuries that may occur while participating in this camp/clinic/program. This waiver must be signed by the athlete and the parent or guardian if under 21 years of age.

Parent/Guardian \_\_\_\_\_ date \_\_\_\_\_

Athlete \_\_\_\_\_ date \_\_\_\_\_