

CT ELECTRATHON CHALLENGE



Below is the Liability Release and Medical Authorization Form (4 pages). Please complete the form for EACH driver and mail in

2 copies to Mike Grella

76 Chestnut Hill Rd

Litchfield, CT 06759

CT ELECTRATHON CHALLENGE

Liability Release/Medical Authorization

- ❖ You must read this form and sign it before participating in any CT ELECTRATHON CHALLENGE event during the year.
- ❖ To participate as a driver in the event, you and a parent or legal guardian must read and sign this form.
- ❖ To drive you must be at least 16 years old and hold a valid driver's license.

I, the undersigned, voluntarily agree to the following:

- ❖ I agree to assume all costs related to any medical treatment; I authorize my insurance company to pay benefits for the costs of such treatment; I also authorize the disclosure of medical information to my insurance for the purpose of any claim.
- ❖ I understand each parent must provide their own medical insurance; I also understand that I am responsible for any medical or other charges related to participation in the CT ELECTRATHON CHALLENGE.
- ❖ I give my consent for medical treatment and permission to event personnel to supervise or perform on-site first aid to minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the participant (If you wish to limit medical treatment, draw a line through it or add your comment and initial the changes).

To facilitate a medical situation, please complete the attached medical card.

School Name (if student) _____

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Attach a copy of your driver's license or other legal photo ID here.

The participant is participating in each CT ELECTRATHON CHALLENGE EVENT under their own free will, and the parent/guardian (if the participant is under 18) approves of such participation:

- ❖ I am personally responsible for my actions, and I shall conduct myself with sportsmanship.
- ❖ I shall abide by the rules, conditions, guidelines, and decisions of Electrathon America and race/event officials; I understand that this is a non-professional program/event, and changes, delays, and/or errors may occur.
- ❖ I understand that the activities of the day involve risk; I accept the conditions under which each of the events is held; and I accept and assume all risks inherent in each of these competition events.
- ❖ I hereby release, hold harmless, and indemnify Electrathon America, Lime Rock Park, the CT Electrathon Challenge, Central Connecticut State University, WorkspaceCT, track owner(s), track employees, event sponsors, organizers, officials, volunteers, and other persons, organizations or entities associated with the event (RELEASEES) from any and all liability, whether the injury is caused by my negligence, the negligence of RELEASEES or the negligence of any third party, and agree to settle any and all disputes through established event rules and procedures.

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Liability Release/Medical Authorization

I HAVE READ THIS ENTIRE MEDICAL AUTHORIZATION, RELEASE & LIABILITY WAIVER, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

READ CAREFULLY BEFORE SIGNING.

Name of Participant: _____

Participant signature: _____ Date: _____

(If Participant is under 18 years of age)

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____



Medical Form

DRIVER 1

Name _____

School _____

Advisor Name _____

School Phone # _____

Allergies to medication

Emergency Contact _____

Emergency Contact # _____

Health Insurance Info

Carrier _____

Card # _____

Medical History

Serious Injury _____

Recent Injury _____

Head Injury _____

Neck Injury _____

Back Injury _____

Advisor Sign Off:

DRIVER 1

Name _____

School _____

Advisor Name _____

School Phone # _____

Allergies to medication

Emergency Contact _____

Emergency Contact # _____

Health Insurance Info

Carrier _____

Card # _____

Medical History

Serious Injury _____

Recent Injury _____

Head Injury _____

Neck Injury _____

Back Injury _____

Advisor Sign Off:
