*New England Hillclimb Association (NEHA) | www.hillclimb.org*

**EMERGENCY TREATMENT AND RELEASE FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT INFORMATION** | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | Birth Date: | | |  | | | | | |
| Home Address: | | |  | | | | | | | | | | | | | | | |
| City: | | |  | | | | | State: | | | |  | | | ZIP Code: | | |  |
| I am a: | | | Driver/Co-Driver  or Volunteer | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | |  | |  | |
|  | | | | | | |  | | | | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | |
| *In case of emergency contact the following person* | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | Relationship: | | | | |  | | | | |
| Phone Number: | | | | |  | | | | At this event? | | | | | | | Yes  No | | |
|  | | | | |  | | | |  | | | | | | |  | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | |
| *Information needed to assist first responders and any subsequent medical treatment* | | | | | | | | | | | | | | | | | | |
| Current Medical Issues: | | | | | |  | | | | | | | | | | | | |
| Current Medications | | | | | |  | | | | | | | | | | | | |
| Allergies: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| **AUTHORIZATION** | | | | | | | | | | | | | | | | | | |
| I, as the participant or on behalf of a minor participant, hereby authorize any medical treatment by the first responders along with any staff at a hospital or medical facility, if such treatment should be deemed necessary. | | | | | | | | | | | | | | | | | | |
| Name: (please print): | | | |  | | | | | | | (printed name of the minor participant, if applicable) | | | | | | | |
| Name: (please print): | | | |  | | | | | | | (printed name of person signing) | | | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Parent of Guardian must sign if a minor participant) | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| CAR NUMBER |
|  |

**Notice: New form is required at each event.**