*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.**