



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)

Notice: New form is required at each event.



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CAR NUMBER

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