

MINOR PARTICIPATION RELEASE FORM AND CONSENT TO TREATMENT

Event Name: 54th Annual PCI Race Radios SNORE 250		Event Date: February 18, 2023	
Minor Last Name:	Minor First Name:	Minor Middle Name	
Minor Address:		City:	State: Zip Code:
Minor Date of Birth:			
Parent / Guardian Last Name	Parent / Guardian First Name	Primary Phone Number:	
Additional Guardian Last Name	Additional Guardian First Name	Addt. Phone Number:	
Parent / Guardian Address:		City:	State: Zip Code:
Minor Participation Release:			
<p>By signing Below I hereby permit participation by the Minor Child whose name is entered at the top of this form in the event listed hereon. Additionally, I am aware that participation in this event includes and by its nature can expose this minor child to risk of injury, including loss of function, or even death. I voluntarily execute this release and agree now and for all future times to release the Southern Nevada Off Road Enthusiasts (SNORE), It's volunteers, Contractors, Vendors and Agents from any claims that might otherwise be brought as a result of the participation of the named Minor. I further certify that I am the legal Parent or Guardian of the above named Minor, and hold all rights to execute this wavier.</p>			
Signed:		Date:	
I HAVE READ AND UNDERSTAND THE ABOVE RELEASE.			
Parent / Guardian Drivers License No.		State Issued:	Expires:
Consent For Emergency Medical Treatment:			
<p>In the event of an injury or sudden illness to the above named minor child, and the inability to reach myself or my alternate Guardian above, I hereby voluntarily and willingly give permission to the Southern Nevada Off Road Enthusiasts (SNORE) for the Race Director, or his / her designee to permit such emergency medical treatment(s) as are medically necessary to prevent loss of life or limb, relive severe discomfort or pain, or to prevent permanent disability for the Minor Child. Additionally, I agree that the cost of such treatments shall be my responsibility alone. If there are specific Medical History including allergies to medications or foods, Current medications being used, Past Medical or Surgical History, or religious beliefs or concerns that would affect the treatment this minor should receive, I have listed these concerns on the reverse of this form, and such information will be held in confidence and only shared with treating medical professionals. I understand that the consent hereby given is only valid in my absence, and becomes void upon my arrival to care for the Minor Child.</p>			
Signed:		Date:	
I HAVE READ THE ABOVE CONSENT.			