



# ***INJURY/ EMERGENCY TREATMENT RELEASE***



It is understood by the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_  
(Athlete's Name)

that in case of serious illness or accident, a reasonable effort will be made to contact me, my spouse, or the emergency contact listed on this application form, before any medical or dental care is commenced, providing time and condition permit.

If, however, I or my spouse cannot be reached with reasonable diligence, or in the case of an immediate emergency, I hereby authorized the representatives of the PWC "Panthers" Track Club to arrange for and to consent to such medical or dental care as may be recommended by a licensed physician, nurse practitioner, dentist or athletic trainer (certified).

Such medical and/or dental care shall include, but is not limited to, routine diagnostic test or examinations, including blood tests, radiographic or laboratory examinations, anesthesia, or any other treatment or care to be rendered under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed Under the Dental Practice Act.

I further understand that this authorization is given in advance of any specific diagnosis, treatment or care.

I agree to hold harmless the PWC "Panthers" Track Club; its representatives, or any adult acting as a volunteer for the Club, from any liability arising out of the use of, or reliance on, this document.

This authorization shall remain in effect until August 31, 2012, or no longer than one (1) year from the date of signing.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Yolanda Wallace, President, PWCTC*

\_\_\_\_\_  
*Date*