

United States Clay Target Foundation

Medical Release and Transportation Consent

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the USCTF program, Athlete (and Athlete's parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the USCTF Sponsors and respective Volunteers, to provide, through a medical staff of their choice necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the United States Clay Target Academy, USCTF® Sponsors and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

We, the undersigned, also give the child permission to be transported by USCTF as part of his/her participation in the program, by whatever means of transportation the USCTF deems appropriate.

Name of minor _____ Relationship _____

Dates when release is intended _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
(Father/mother/legal guardian)

Address _____ Phone _____

Family physician _____ Phone _____

Other contact in case of emergency:

Name: _____ Relationship: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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