



2011/2012 EuroCrossCamp

Participant Consent - Transportation & Medical Release

PLEASE COMPLETE THE FOLLOWING INFORMATION

I hear by give consent for EuroCrossCamp ("ECXC") to provide me with athletic trainer services, medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted by **EuroCrossCamp**. In the event that emergency medical services are required, I hereby authorize **EuroCrossCamp** to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between **EuroCrossCamp** staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted by **EuroCrossCamp**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the program.

This Release shall not have an expiration date and shall remain valid until it is expressly revoked by written notice from me to **EuroCrossCamp** and shall be valid and applicable to all **EuroCrossCamp** programs in which I participate, provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by **EuroCrossCamp**.

Pursuant to the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) and HIPAA Privacy Rule, I authorize the disclosure and release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. This authorization is directed to and is intended to authorize the disclosure and release of such information even though protected, by any medical provider or third party in possession of such information. This authorization shall not have an expiration date and shall be deemed revoked only upon receipt by the medical provider or third party of an express revocation signed by me.

Participant's Signature

Date

FOR ATHLETES OF MINORITY AGE (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter/ward the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted by **EuroCrossCamp**, and consent to the provision of athletic trainer services, medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs by **EuroCrossCamp**. In the event that emergency medical services are required, I hereby authorize **EuroCrossCamp** to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual.

Parent/Guardian's Signature

Date

Parent/Guardian's (Please Print)

Relationship