



Medical Release Form

(Please attach copy of health insurance card)

Name _____ Birthdate _____ Age _____

Home Phone _____ Emergency Phone Number _____

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____

Phone: Home _____ Work _____ Cell _____

Name any current medical conditions for which you are currently being treated:

Medications currently being taken: _____

List Allergies: _____

I give permission for _____ to be treated by a licensed physician if medical treatment is deemed necessary. In the case of an surgical emergency, I also give my consent to medical procedures diagnosed and prescribed by the attending licensed physician. Attached is a copy of their insurance card.

By affixing my signature below, I do hereby agree to hold harmless and indemnify West Coast Morgans, Inc. and all agents and representatives thereof from all claims of losses, injuries, damages and or death that may result in me or my child participating with West Coast Morgans, Inc. I/We, the undersigned, do hereby release, and forever discharge all sponsors and West Coast Morgans, Inc. from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the event. I/We further accept financial and physical responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature Insurance Company Policy Number Date

Notarized by: _____ Expiration Date: _____

Date: _____