

ASC Medical Release

I, hereby authorize the Alyeska Ski Club, and/or their named coaches, to secure any hospital, medical, dental or surgical care, treatment and/or procedures for my athlete. Parent also consents that in the event of injury to the athlete, coaches can sign for competitor to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility.

The coaches shall notify parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically indemnifies and holds harmless the Alyeska Ski Club and its coaches from any and all costs arising out of such care, treatment and/or procedure.

Athlete Signature _____ Date _____

Parent or Guardian Signature _____ Date _____