

Menchaca Running Camp (M.R.C.)
Permission to Secure Treatment in the event of any emergency

Runner's Name: _____
(Please print)

Date of birth (MM/DD/YEAR): _____

(Parent/Guardian) I _____ understand the camp includes running workouts, cross training, and non-contact activities, as well as offsite trail runs. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me by a MRC staff member. However, in the event of an emergency and I cannot be reached, I authorize the Menchaca Running Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the runner named above and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting the runner by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

I have read the release form and given my consent for emergency treatment.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date _____