

## Knox Mountain Hill Climb 2025

# PARTICIPANT HEALTH FORM

**Name of Participant:** \_\_\_\_\_

Name of emergency contact travelling with you to the event: \_\_\_\_\_

Relationship: \_\_\_\_\_

Their cell phone number: \_\_\_\_\_

Name of any other person you would like us to contact in case of an emergency:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

1. Do you give staff permission to call an ambulance if necessary?

Yes \_\_\_ No \_\_\_

2. If I am examined by a medical attendant following an incident, I hereby give authorization for them to release a copy of the medical report to Knox Mountain Motor Sport (KMMS) to be used as part of the Event and Steward Reports for the 2025 Knox Mountain Hill climb, hosted by KMMS.

3. If an entrant, driver, or crew member is under the legal age of majority, this form must be countersigned by the appropriate parent or legal guardian.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under the legal age of majority)

Parent or Legal Guardian Address: \_\_\_\_\_

*Any information on this form will be kept confidential once completed.*