

Knox Mountain Hill Climb 2024

PARTICIPANT HEALTH FORM

Confidential When Completed

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 2024 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: _____