

CMAC MEDICAL RELEASE

Participant Name _____ Birth Date _____ Sex _____

I, the parent/guardian (if racer is under 18), or I the racer, give the directors and/or coaches of Crystal Mountain Alpine Club, Crystal Mountain, Snoqualmie Pass, and/or Mt. Hood/Timberline permission to obtain medical aid for myself/my son/daughter in case of injury or illness.

Signature Parent/Guardian (if racer under 18)

Date