



MEDICAL RELEASE FORM

This is to certify that as the parent or guardian of (insert the child's name) _____, is a player on a (enter year) _____ Carly Stowell Foundation Jammin' Team (Foundation). I hereby grant permission to the adult supervisor, coach, trainer or representative of the Foundation to obtain medical care, at my expense, from any licensed physician, hospital, medical clinic, or EMT for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we hereby waive, release, absolve, indemnify and agree to hold harmless the Carly Stowell Foundation as well as the local athletic organization, the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

PRINTED NAME: _____

SIGNATURE: _____

RELATIONSHIP: _____

DATE: _____