



Attachment C

Medical and Transportation Release

I hereby give consent for the organizers of the **USA Team Handball sanctioned event** to provide me with athletic trainer and emergency medical treatment. This release is effective for the period of **September 2nd, 2008 until September 1st, 2009**. I swear and affirm that I am in good physical condition and I am not aware of any previous or existing diseases or injury that would result in my being injured. I further acknowledge that I have procured on my own and currently hold valid and adequate insurance for such loss, damage or injury and if I do not have valid and adequate insurance, I accept responsibility for the cost of loss, damage or injury that might occur as a result of my participation in the **USA Team Handball sanctioned event**.

I give my consent to participate in any and all emergency transportation associated with activities during the **USA Team Handball sanctioned event**.

Participant's Name _____ Date _____

Participant's Signature _____ Date _____

Address _____

Parent/Guardian Name _____ Date _____

(For Athletes of Minor Age (18 & Under))

Parent/Guardian Signature _____ Date _____

(For Athletes of Minor Age (18 & Under))

Day Phone _____ Evening _____

Emergency Contact _____ Phone _____

Insurance Company _____

Group Name _____ Policy # _____

Physician Name _____

Address _____

Phone _____