

Georgia Appalachian Trail Club, Inc.

Medical Release Form

I, _____, The parent of _____, recognize the inherent risks of this event and assuming personal responsibility, release the Georgia Appalachian Trail club from liabilities related to my child's participation in the activity of _____ on _____ (date).

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Signature of parent or guardian

Name of parent or guardian (Print)

Address

City, State, ZIP Code

Phone Number

Date