

KEEP THIS MEDICAL RELEASE FORM WITH MINOR

*******DO NOT TURN IN*******

Medical Authorization and Consent to Minor Rider pursuant to California Civil Code, Section 25.8;
Minor to carry on the day of ride.

Name of Minor _____ Birth date _____

The undersigned does hereby authorize Western Wheelers or such substitute as they may designate, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care for the above minor, which is deemed advisable by and to be rendered under the general or specific supervision of any Physician and Surgeon under the Provision of Medicine Act, and/or Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said Physician or Dentist, at a hospital, or elsewhere. This authorization will remain effective while the above minor is enroute to and from, involved or participating in the Western Wheelers Bicycle Club, Inc. Sequoia Century, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent or Guardian Signature _____

Date _____ Phone _____

Address _____