



Participant Name	_____
Age (as of Aug 31) _____ Date of Birth _____ Grade (current year) _____	
Emergency Contact Name	_____
Emergency Contact Phone Number	_____

**Maximum Competition, Inc.
2009-2010 Medical and Publicity Release Form**

A Medical and Publicity Release form must be completed for each participant by the parent or legal guardian of that participant. Any participant that does not have a completed release form will not participate and will not receive a refund of any event related fees.

Participant Information

Address _____
School or Team _____

Parent/Guardian Information

Name(s) _____
Address _____

List medications, allergies or relevant conditions: _____

Medical Insurance Company* _____ Policy Number _____
**Each participant must carry medical insurance*

Treatment Authorization

In the event of an emergency, I give my permission for medical treatment to be administered to my son/daughter name above when neither parent/guardian can be reached. I acknowledge that the above named participant must have his/her own medical/accident insurance.

I understand that all athletic events have the risk of physical injury and the participant assumes the risk of such injury by participating.

I further agree not to hold Maximum Competitions, Inc., the host organizations or any of their employees, vendors or volunteers liable for any and all injuries that may occur while participating in the above named event.

Publicity Release

I, hereby, grant permission to Maximum Competitions, Inc., and its successors and assigns, the unrestricted right to use the above named participants picture or image in any advertising and/or literature, website or events coordinated by them.

I certify that all information contained in the above form to be true and by signing this document agree that all participant eligibility, event rules and regulations have and will be followed. I understand that if challenged, proof of my child's age/grade must be provided.

Parent/Guardian Signature Date

Participant Signature Date

(Do not write below)



**Maximum Competitions, Inc 5205 Knightsbridge Way Raleigh, NC 27604
Toll Free (800) 558-6057 Fax (919) 212-2353**

Event _____	Date _____
Checked In _____	Initial _____