

Frazier Cycling Inc.
June 6-11, 2010 Hills, Skills and Thrills Cycling Camp
Junior Release, Waiver and Consent Form

I am the parent/legal guardian of _____, who is, with my permission, a "Participant" in the above named Frazier Cycling Inc. Cycling Camp Program.

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that Frazier Cycling Inc. will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by Frazier Cycling Inc. in consultation with appropriate medical personnel.

I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company _____

Policy # _____

My child has my permission to be transported to and from the Camp location and all related locations under supervision of Frazier Cycling Camp staff or its agents. On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored or provided by Frazier Cycling Inc. in connection with the above named camp and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, Frazier Cycling Inc. and its employees, agents, contractors and subcontractors, for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such programs and activities.

Frazier Cycling Inc.
June 2-6, 2009 Hills, Skills and Thrills Cycling Camp
Junior Release, Waiver and Consent Form

Parent/Legal Guardian Signature _____ Date _____

Participant's Name _____ Age _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Emergency Contact Phone _____

Food Allergies _____

Medications _____

Health Restrictions _____

Can Participant Swim? _____ Has Participant Been to Overnight Camp? _____

Will Participant be attending Junior Nationals this year? _____