

2025 Midwest Speed Trials
MEDICAL AUTHORIZATION,
RELEASE, & LIABILITY WAIVER

You must read this form and sign it before participating. If you are under 18, then you must also have a parent or legal guardian read and sign this form.

I, the undersigned, voluntarily agree to the following:

- I agree to assume all costs related to any medical treatment; I authorize my insurance company to pay benefits for the costs of such treatment; I also authorize the disclosure of medical information to my insurance company for the purpose of any claim;
- I understand each participant must provide her/his own medical insurance; I also understand that I am responsible for any medical or other charges related to participation in event(s);
- I give my consent for medical treatment, and permission to event personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the participant (If you wish to limit medical treatment, draw a line through it or add your comment and initial the changes.);

To facilitate a medical situation, please provide the following:

Person to contact in case of emergency Phone

Family Physician Phone

Medical Insurance Co. Policy No.

Date of last tetanus immunization: _____
Any serious medical conditions (e.g. diabetes, asthma, epilepsy, etc.):

Medications currently taken and for what conditions:

Allergies:

School (if student)

Attach driver's license, other photo ID,
or photo here

- The participant is participating in each event under their own free will, and the parent/guardian (if participant is under 18) approves of such participation;
- I am personally responsible for my actions, and I shall conduct myself with sportsmanship;
- I shall abide by the rules, conditions, guidelines, and decisions of Electrathon America and race/event officials; I understand this is a non-professional program/event, and changes, delays, and/or errors may occur;
- I understand that the activities of the event are dangerous and involve risk; I accept the conditions under which each of the events is held; and I accept and assume all risks inherent in each of these competition events, including injury (fatal or otherwise) and property loss/damage, and including those that I may not foresee or anticipate; and
- I hereby release, hold harmless, and agree to indemnify, Electrathon America, Kennedy High School,, Prairie High School, track owner(s), event sponsors, organizers, officials, volunteers, and other people and organizations or entities associated with the event from any and all liability, and agree to settle any and all disputes through established event rules and procedures.

I have read this entire Medical Authorization, Release, & Liability Waiver, I fully understand it, and I agree to be legally bound by it.

READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF YOUR RIGHTS.

Print name of Participant

Participant signature

Date

If Participant is under 18 years of age -- Print name of parent/legal guardian

Parent/legal guardian signature

Date