

**Consent to Participate
in
4th of July Amazing Race**

July 4, 2015

I, _____, the parent/legal guardian of
_____ give my consent for my child to participate in the
Amazing Race in Chetopa, KS, on July 4, 2015.

I further give legal consent and authorize any representative of the Chetopa Chamber of Commerce or the Amazing Race personnel to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above named child, for any injury or illness of an emergency nature he/she incurred while participating in the activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Act, K.S.A. 65-2801, and any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services on behalf of my child. I acknowledge and agree the Chetopa Chamber of Commerce or the Amazing Race personnel are not responsible for any medical, hospital expenses and or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency treatment, I understand the Chetopa Chamber of Commerce or the Amazing Race personnel will make a reasonable attempt to seek my permission to authorize treatment. To facilitate contacting me, I agree to continue to provide current work, home and cell phone numbers to Chetopa Chamber of Commerce or the Amazing Race personnel as listed below.

Signature _____ Home # _____

Date _____ Cell # _____

Work # _____

Alternate emergency phone # and person to contact:

Name _____ Home # _____

Cell # _____

Work # _____