

2008 MEDICAL RELEASE FORM
TO SAVE TIME, FILL THIS OUT
BEFORE ARRIVING

HindsightMX Indoor Motocross

is excited to offer classes and camps for all riders. Please take a moment to fill out this form:

I, (parent/guardian's name)

hereby give permission for any and all medical attention to be administered to my child:

..... (child's name)

In the event of accident, injury, sickness, etc., under the direction of Hindsight MX., until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS:

HOME PHONE: MOBILE:

INSURANCE CO.:

POLICY NUMBER:

In case I cannot be reached, the following person is designated to act on my behalf Hindsight MX.

PHYSICIAN:

ADDRESS:

PHONE:

KNOWN ALLERGIES:

SIGNATURE (PARENT/GUARDIAN) DATE:

HindsightMX looks forward to your visit. We endeavor to make your moto a fun and safe ride experience. As safety is our driving passion, please review our safety regulations PDF. (01/08)

Hindsight Enterprises, LLC. All Rights Reserved. 877.647.9995 toll free / 503.647.9445 fax
29345 NW West Union Road North Plains, Oregon 97133

***hindsight*Mx**