

**VELOS  
MEDICAL RELEASE**

**STUDENT'S NAME(S) PRINTED:**

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**MEDICAL RELEASE & OTC MEDICATION RELEASE**

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the above-mentioned minor(s) in case of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by all phone numbers listed in my account.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Velos Organization from any liability thereof.

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
**(Parent/Legal Guardian Signature)**

\_\_\_\_\_  
**(Print Name)**

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
**(Participant Signature - if 18 or older)**

\_\_\_\_\_  
**(Print Name)**

Date Signed: \_\_\_\_\_