



Scholastic Clay Target ProgramSM Medical Consent Form



Team Name (required): _____

Participant's Name: _____
(Please PRINT)

Address: _____

In the event that the Participant may require emergency medical care, or in the event Participant may become ill, while participating in the Scholastic Clay Target Program, Participant (and Participant's parent/legal guardian if Participant is a minor) hereby gives advanced consent to the NSSF, SCTP Sponsors and Governing Bodies, including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Participant.

Participant (and Participant's parent/legal guardian if Participant is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the NSSF, SCTP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Participant - Print Name

Participant Signature

Date

Parent/Legal Guardian - Print Name

Parent/Legal Guardian Signature

Date

In the event of any emergency, please contact the following individual:

Name: _____ **Relationship To Participant:** _____
(Please PRINT)

Address: _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

Email: _____

*** This form must be retained by Team coaches.