



CROSS COUNTRY ONTARIO WAIVER OF LIABILITY

Name of Athlete: _____

Waiver of Liability

I understand that the participation by myself and/or my dependents in the activities organized by Cross Country Ontario and the use of facilities owned and/or operated by CCO is done entirely at my/our own risk. No director, coach or member of CCO can be held liable for any damage to me/us or my/our equipment.

Signature: _____ Date: _____

Position (Athlete, Parent, Guardian) _____

EMERGENCY MEDICAL CONSENT

I hereby authorize emergency medical or surgical treatment for myself or my son/daughter/ward if such treatment is required. Please sign if athlete is under 18. If athlete is over the age of majority (over 18, the athlete may sign).

Signature: _____ Date: _____

Position (Athlete, Parent, Guardian) _____

Please complete medical information on next page



ATHLETE MEDICAL INFORMATION

(To be completed with Waiver of Liability)

Name of Athlete: _____ OHIP Number: _____

Doctor

Name	Phone: ()
Street	City
Province	Code

List of Allergies

Allergy	Treatment Medication Carried

Medication taken by Athlete

Medication Name	Medication taken since (date)

Emergency Contact

Name	Phone: ()
Street	City
Province	Code

Signature: _____ Date: _____

Position (Athlete, Parent, Guardian) _____