

CARRY ON PERSON OF MINOR DURING RIDE

Medical Authorization and Consent for Minor Rider

Pursuant to California Civil Code, Section 25.8

The Undersigned Does Hereby Authorize

LEAVE BLANK

or such substitute as they may designate, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. This authorization will remain effective while the above minor is en route to or from, involved or participating in the Santa Cruz Mountains Challenge or other Santa Cruz County Cycling Club events, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Name of Minor:

Birth Date:

Signature of Parent or Guardian:

Name of Parent or Guardian:

Address:

City: State: Zip:

Telephone: (area code)

Date:

MINORS RETURN THIS FORM WITH APPLICATION