

## Release of Liability

Name:			
Address:			
			Zip Code:
Phone: Day ( )		_ Evening (	)
Emergency Contact Person:		Phone	::
Location:			
Dates:			
minor taking part in noted activity sporting activity and mingling with and possible consequent expense and the undersigned does for him expense, and does hereby wholly rof action against it or its agents the accident or any other circumstance claim should arise; and the undersigned applied by ECC and its agents.	y, with full understand other individuals are for medical, diagnost aself/herself and for elease ECC from any at might arise on access involving such charged agrees to abide a to arrange for and correct of the end of the	anding in so far and groups, that the tic and curative and on behalf of yresponsibility of count and loss, in ild/person, and a by the rules and consent to x-ray of treatment, and such payment, and its provisions.	•
Date:			
I give permission for my son/daugl and agree to its provisions.		the age of 18)	ORS  . I have read the above Release of Liability
Signature:		Date:	
Relationship to minor:			
Insurance Carrier:		Group	Number: