



The RoughWheelers 4WD Club
P.O. Box 1921
Redondo Beach, CA 90278

EMERGENCY RELEASE FORM

Please complete the following information with as much detail as possible for emergency contact and treatment information. (If this information is for a child, it must be done by the parent or legal guardian with the following information REQUIRED; full name of parent or guardian, signature of parent or guardian, physical address, daytime and evening phone number, cell number and/or fax number.)

Full Name and Age: (Member – Guest or Minor, etc.)

If the above name is that of a child, please provide the full name of the parent or legal guardian of this child in the space provided below.

Parent's or Legal Guardian's Full Name and Address:

Please list the following numbers for us to contact you, (Member – Guest or Minor's Parent or Legal Guardian).

Daytime Phone	() - _____
Evening Phone	() - _____
Cell Phone	() - _____
Fax Number	() - _____

List **AT LIST** two emergency contacts. Include full names, addresses and as many contact numbers as possible.

State Driver's License Number: _____ State _____
(Driver's License information is strictly confidential and for identification purpose only. This information will be released only to certify emergency personnel, ambulances or hospitals in the event of an emergency at or on **THE ROUGHWHEELERS 4WD CLUB EVENT**.)

The following contains questions about the (the Member Guest or Minor's) personal health history. Please complete the following as detailed as possible.

Are you (the Member Guest or the Minor) allergic to any medications? Please list medications.
