



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.

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

Are you (the Member Guest or Minor) currently taking any medications? Please list medications.

Have you (the Member Guest or Minor) ever been hospitalized? Please list approximate date and reason.

Do you (the Member Guest or Minor) have any family related illnesses? (EX: heart disease, epilepsy, kidney disease, etc.) Please list.

Do you (the Member Guest or Minor) have any back related problems or injuries that require special medications, accommodations or restrictions? Please list with details of restrictions.

This document and all of its contents are strictly confidential and for emergency use only. ROUGHWHEELERS 4WD CLUB retains this personal information until such time an emergency, injury or illness does occur and the Member(s) or Guest(s) and or Minor Child is unable to communicate this information to emergency care personnel and facilities. It is at that time, that this document will be turned over to the emergency care personnel and facilities to assist the injured or ill person(s) in emergency treatment of the emergency, injury or illness. At no time will this documents or its contents be mistreated or surrendered to anyone except the rightful owner, parent, guardian, certified emergency personnel or facilities.

By signing your name below you agree that you have read and understood all of the information on this document and its intended uses. It is understood that ROUGHWHEELERS 4WD CLUB is NOT possible without ALL the proper and complete documentation. You also agree to allow ROUGHWHEELERS 4WD CLUB to release this information to the said persons/facilities in the event of an emergency, injury or illness. By signing you also agree NOT to hold ROUGHWHEELERS 4WD CLUB, liable for the release of this information to the said persons and facilities.

Print Your Name:

Sign Your
Name:

Date: _____