

RELEASE OF LIABILITY

I hereby give the following youth/teens permission to take part in the activities of the Airstream Club International Rally and agree to assume all responsibility for any injury or accident that may occur:

Name	Present age	Grade just completed

I hereby give permission to the Youth Committees of the Airstream Club International Rally to obtain medical service while my youth/teen is under their supervision. **I, or my insurance carrier,** will assume all financial responsibility for such emergency medical services.

Name of Guardian at Rally:

Address of Guardian:

Cell Phone:

BRN #:

Location at Rally:

Signature

Date

Youth Committee Signature

Address of youth/teen:

Medical Carrier and Number
