

**THE JOANNE WINTER ARIZONA SILVER BELLE CHAMPIONSHIP
MEDICAL RELEASE FORM**

Medical Release -This **MUST** be signed by adult participant (18 or older), or parent/legal guardian (18 or older) before entry will be accepted.

Participants or, I/we, the undersigned parent(s) of _____, a minor, grant permission to the *The Joanne Winter Arizona Silver Belle Championship*, or agents acting for them, to obtain any necessary treatment, in the event of accident, injury or illness. It is understood that this release is given in advance of any hospitalization, X-ray, treatment and/or diagnosis, and is given to grant authority to *The Joanne Winter Arizona Silver Belle Championship*, or that this authorization is in effect from this date forward, unless sooner revoked in writing. *The Joanne Winter Arizona Silver Belle Championship* will act in a reasonable manner in obtaining any medical treatment for said participant or minor. Adult participant or parent of minor agrees to be financially responsible and agrees to pay for all medical expenses reasonably necessary for treatment provided to the above participant.

Date: _____ By: _____
Adult Participant or Parent/Legal Guardian of Minor

The above form must be provided by the accepted player at the time of her registration at the tournament site.

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The above form may be mailed to the Registration Chairman prior to the tournament:

AZ Silver Belle Championship
10888 N. 19th Ave
Phoenix, AZ 85029