

Form MUST be Postmarked by March 1st, 2010 WEEVA Student Perm Form

www.ChallengeWisconsin.org

Wisconsin Electrathon & Wisconsin Supermileage

Permission Form, Media Release & Medical Authorization, Release & Liability Waiver

Attention: Parent(s)/Guardian(s):

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Please fill out the requested information below. This form is confirmation of your awareness regarding your son/daughter's participation in one or more of the following WEEVA Challenges in the 2009-2010 season. Furthermore, this will enable us to contact you at any time, if necessary. *(Please initial below the events you give permission to attend.)*

_____	_____	WI Supermileage @ University of Wisconsin-Stout (April 16th-17th, 2010)
Advisor	Parent	
_____	_____	WI Electrathon & Supermileage @ Fox Valley Tech. College (April 30th-May 1st, 2010)
Advisor	Parent	(Saturday's Activities will be at WIR in Kaukauna)
_____	_____	WI Electrathon & Supermileage @ Road America (May 9th-10th, 2010)
Advisor	Parent	

_____ has my permission to attend and participate in the above WEEVA Challenges.
(print student name on line)

SCHOOL NAME: _____

Parent/Guardian's Name: _____ Relation: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Business Phone: (____) _____ Hours: _____

Business Phone: (____) _____ Hours: _____

Emergency Contact if different from above: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Family Physician: _____ Phone: _____

Please use the space provided below, or an attached note, to list any important medical information about your child:
(i.e., Current Medications, Allergies, Serious Medical Conditions.)

* Date of Last Tetanus Immunization: _____ / _____

Submit both pages of Form to WEEVA

Platinum Sponsors



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You must read this form and sign it before participating in any WEEVA Challenge during the 2009-2010 season.

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I, the undersigned, voluntarily agree to the following:

* I agree to assume all costs related to any medical treatment; I authorize my insurance company to pay benefits for the costs of such treatment; I also authorize the disclosure of medical information to my insurance company for the purpose of any claim;

* I understand each participant must provide her/his own medical insurance; I also understand that I am responsible for any medical or other charges related to participation in the WEEVA Challenge(s);

* I give my consent for medical treatment & permission to challenge personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. (If you wish to limit medical treatment, draw a line through it or add your comment & initial changes);

* The student is participating in each WEEVA Challenge under their own free will, and the parent/guardian approves of such participation

* I shall abide by the rules, conditions, guidelines, and the decisions of WEEVA and challenge officials; I understand this is a non-professional program/event, and changes, delays, and/or errors may occur;

* I understand that the activities of the event are dangerous and involve risk; I accept the conditions under which each of the events is held; and I accept and assume all risks inherent in each of these competition events, including injury (fatal or otherwise) and property loss/damage, and including those that I may not foresee or anticipate;

* I hereby grant permission to WEEVA to use my photograph and/or video (hereafter called "media") on their World Wide Web sites or in other WEEVA printed publications (video, CD, DVD's, newspapers, brochures, etc...) without further consideration. I acknowledge their right to crop or treat the media at their discretion. I also acknowledge that they may choose not to use my media at this time, but may do so at their own discretion at a later date.

I also hereby waive any right to inspect or approve the media that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the media.

I also understand that once my image is published or posted on their web site, the media can be downloaded by any computer with access to the internet. I understand that WEEVA cannot control unauthorized use of these media. Therefore, I hereby agree to release and hold harmless University of Wisconsin-Stout, Road America, Fox Valley Technical College, Wisconsin International Raceway, Wisconsin Dells Raceway Park, Wisconsin Energy Efficient Vehicle Association Board of Directors and organizing committees, or the University of Wisconsin-Stevens Point, Board of Regents of the University of Wisconsin Systems, their respective officers, employees, agents and volunteers and any other people and organizations/entities associated with the challenges from any damages or liability arising from or related to the use of the media, including but not limited to

Attach Copy of Valid Driver's License Here
(IF DRIVING)

**To drive you must be at least 16 years old
and have a valid Driver's License OR Learner's Permit**

any reuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be created in the final product.

* I hereby release, hold harmless, and agree to indemnify the University of Wisconsin-Stout, Road America, Fox Valley Technical College, Wisconsin International Raceway, Wisconsin Dells Raceway Park, Wisconsin Energy Efficient Vehicle Association Board of Directors and organizing committees, or the University of Wisconsin-Stevens Point, Board of Regents of the University of Wisconsin Systems, their respective officers, employees, agents and volunteers and any other people and organizations/entities associated with the event from any and all liability, whether injury is caused by my negligence, the negligence of the above listed, or the negligence of any third party, and agree to settle any and all disputes through established event rules and procedures.

I have read this entire Permission Form, Media Release & Medical Authorization, Release, & Liability Waiver, I fully understand it, and I agree to be legally bound by it. My signature can be used as permission for any medical attention necessary in case of an emergency.

READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF YOUR RIGHTS.

SCHOOL NAME: _____

Participant Signature Date

Print name of Participant

Parent or Guardian Signature Date

Print name of Parent or Guardian