

MAMMOTH

MEDICAL RELEASE FORM

Athlete Full Name : _____.

Date: _____ / _____ / _____

This athlete has entered to compete in an ultra-distance endurance event hosted by Mammoth Endurance. The event is extreme in nature and potentially hazardous to the health of the athlete. By signing below, you, the physician, are acknowledging that to your knowledge this athlete is physically healthy and from your opinion as a medical doctor, he / she presents no signs of any significant health issues warranting that he / she abstain from taking part in the event.

This medical release form must be dated no more than one year from race check-in. The form must be emailed to the race director prior to race check-in. You will not be approved to start the event without this medical release form signed by a licensed physician and sent to the race director before race check-in. No exceptions.

Physician Name: (Printed) _____.

Physician Signature: _____.

Employer: _____.

Address: _____.

City / State / Zip: _____ / _____ / _____.

Date Signed by Physician: _____ / _____ / _____