Medical Authorization Form

In the event at any time during the course of Project Gold Running Camp, including all related events or activities and travel to or from such events or activities, I am suffering from a condition requiring medical care, I hereby authorize Project Gold running camp/or its representatives, successors or assigns (Project gold running camp) to authorize medical treatment, including but not limited to admission to a hospital.

I hereby authorize Project gold Running camp to execute on my behalf any consents to hospital admission, consents to medical treatment, consents to discharge or similar documents, which Project Gold running camp deems appropriate. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority or power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

I hereby, for myself, my heirs, executors, administrators and assigns waive and release forever and and all rights or claims whatsoever that I may have against Project Gold Running Camp or its parent, subsidiaries or affiliates for any injury, death or property damage that may be suffered arising out of or in any way connected with the actions of Project Gold Running under the authorization and consent contained herein. My parent or legal guardian has signed below as well as to indicate their agreement with and consent to the above provisions.

_____ _____

Participant Name Date

_____ _____

Guardian Signature Date