Bib No. _____ M ❑ F ❑

2017 REDLANDS BICYCLE CLASSIC
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, (please print) _____, authorize the Medical Director of the 2017 Redlands Bicycle Classic (the "Race"), Lauren M. Simon, M.D., and any other physician(s), paramedic(s) or other health care provider(s) (collectively "RBC Health Care Providers") associated with the Race to release any and all information regarding my health or medical condition to any treating or attending RBC Health Care Provider in the normal and regular course of any treatment or procedure I may require as a result of my participation in the Race, as well as to the health care providers at any treating hospital or other medical facility. I also authorize RBC Health Care Providers to release such medical information to my team manager and those listed below, including family members, team members and others..

Name (please print)	Title or Relationship
1. _____	_____
2. _____	_____
3. _____	_____

I further authorize the release of such information to the Race Director of the 2017 Redlands Bicycle Classic, Eric Reiser, as well as any officials or referees involved with the Race so that appropriate determinations may be made with regard to my race eligibility and to assist in any processing of insurance claims or payments.

This authorization is valid for the duration of the 2017 Redlands Bicycle Classic and for so long as I am receiving any medical treatment arising out of my participation in the Race and for any follow up consultations which are received for injuries that arise out of my participation in the Race. I also understand that I may revoke this authorization by providing written notice to the Race Director of the 2017 Redlands Bicycle Classic, Eric Reiser.

All participants in the 2017 Redlands Bicycle Classic must complete this form as a condition of participation.

Dated: _____ _____ _____
(Print Name) (Signature)

❑ Check here if you are the legal guardian, parent, or are authorized to sign this form on behalf of the participant. All participants under the age of 18 must have this form signed by a parent of legal guardian.

Dated: _____ _____ _____
(Print Name) (Signature)

Team Name _____