

**KEEP THIS MEDICAL RELEASE FORM WITH MINOR**

\*\*\*\**DO NOT TURN IN*\*\*\*\*

**Medical Authorization and Consent** to Minor Rider pursuant to California Family Code Section 6910;  
**Minor to carry on day of ride.**

Name of Minor \_\_\_\_\_ Birth Date \_\_\_\_\_

The undersigned does hereby authorize Western Wheelers or such substitute as they may designate as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental or surgical treatment and any hospital care for the above minor, which is deemed advisable by and to be rendered under the general or specific supervision of an Physician or Surgeon under the California Medical Practice Act and/or Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said Physician or Dentist, at a hospital or elsewhere. This authorization will remain in effect while the above minor is en route to and from, involved or participating in the Western Wheelers Bicycle Club, Inc. Sequoia Century, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_