

**Northern Pines Sled Dog Race –
Parent/Guardian Consent and Waiver Form**

Event Location: Iron River, Wisconsin

Event Date: Scheduled Date on Website



Dear Parent/Guardian,

The Northern Pines Sled Dog Race is an exciting and physically demanding event, and we are pleased to invite your child to participate. In order to ensure the safety and legality of their participation, we ask that you review the following consent and waiver details.

Participant Information:

- **Full Name of Participant:** _____
- **Date of Birth:** _____
- **Emergency Contact Information (Name, Relationship, Phone):**

Informed Consent and Acknowledgment of Risk:

I, the undersigned parent/guardian, acknowledge and understand that the Northern Pines Sled Dog Race involves inherent risks, including, but not limited to, risks of physical injury, environmental exposure, and handling sled dogs in cold winter conditions. I affirm that my child is in suitable physical condition to engage in this activity.

I voluntarily agree to allow my child to participate and assume full responsibility for any potential injury, harm, or loss that may occur as a result of their involvement.

Liability Waiver:

I release and discharge the Iron River Area Chamber of Commerce, Northern Pines Sled Dog Race Committee, its volunteers, the event sponsors, and the Town of Iron River from any liability, claims, demands, or legal actions arising from any injuries, losses, or damages incurred during my child's participation, regardless of cause, including negligence.

Emergency Medical Authorization:

In the event that my child requires emergency medical attention during the event, I grant permission for the event staff to administer basic first aid and, if necessary, authorize transport to a medical facility. I assume responsibility for any medical expenses incurred.

Media and Promotional Release:

I authorize the use of any photographs or video footage featuring my child for promotional purposes, including but not limited to social media, event marketing, and news coverage.

By signing below, I affirm that I have read, understand, and agree to the terms of this consent form.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone: _____