

# Northern Pines Sled Dog Race & Mutt Run Parent/Guardian Consent and Waiver Form

Event Location: Iron River, Wisconsin  
Event Date: Scheduled Date on Website



Dear Parent/Guardian,

## Parent/Guardian Consent Form – Northern Pines Sled Dog Race & Mutt Run

The Northern Pines Sled Dog Race and Mutt Run are exciting, physically demanding winter events. We are pleased to invite your child to participate. To ensure the safety, legality, and preparedness of all participants, we ask that you review, agree, and complete to the following consent and waiver terms.

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### Participant Information

Full Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### Informed Consent and Acknowledgment of Risk

I, the undersigned parent or legal guardian, acknowledge and understand that participation in the Northern Pines Sled Dog Race and/or Fun Mutt Run involves inherent risks, including but not limited to:

- Physical injury from falls or collisions
- Environmental exposure to cold, snow, and ice
- Risks associated with handling sled dogs and winter equipment

I affirm that my child is in suitable physical condition to participate safely in this event. I voluntarily consent to my child's participation and accept full responsibility for any injuries, harm, or losses that may result from their involvement.

**Liability Waiver**

I hereby release, discharge, and hold harmless the following parties from any and all liability, claims, demands, or causes of action arising out of or related to my child’s participation in the event, whether caused by negligence or otherwise:

- Iron River Area Chamber of Commerce (IRCC)
- Northern Pines Golf Course and Event Center
- Northern Pines Sled Dog Race Committee
- Event volunteers, organizers, and sponsors
- The Town of Iron River and any associated municipalities

This waiver applies to any injury, loss, or damage sustained during participation in the event or while on event premises.

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**Emergency Medical Authorization**

In the event my child requires emergency medical attention during the event, I hereby authorize the event staff or medical personnel to:

- Administer basic first aid, and
- If necessary, authorize transport to an appropriate medical facility for further evaluation and treatment.

I agree to assume full responsibility for any medical costs or expenses incurred.

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**Media and Promotional Release**

I grant permission for photographs, video, or other media that may include my child to be used by the event organizers for legitimate promotional purposes, including but not limited to:

- Social media posts
- Event marketing materials
- News articles or television coverage

No compensation is expected or required for such use.

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By signing below, I affirm that I have read, understood, and voluntarily agree to the terms and conditions outlined in this consent and waiver form.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Event Type:** ( ) Dog Mushing Event      ( ) Mutt Run Event

**Phone:** \_\_\_\_\_