



TRIANGLE CHAMPIONS TRACK CLUB (TCTC)

Medical Information Release Form

The undersigned hereby grants permission to the Triangle Champions Track Club (TCTC) to use data from the physical form to evaluate the overall health benefit of our fitness training. The undersigned also gives TCTC permission to conduct a height, weight, and blood pressure evaluation at the end of the season. This information will be evaluated "in-house" and will not be shared or sold to any outside sources. Names of individual athletes will not be used in the reporting of any findings.

The undersigned understands that:

- I may revoke this medical information release at any time, in writing, but the release shall remain valid until revoked or upon the expiration of one (1) year after the release is executed, whichever occurs first.
- The Triangle Champions Track Club will maintain the privacy of any information obtained and will not disclose such information to any other person or entity except as necessary to effectuate service or by express written permission by me.
- A copy of this form, including a facsimile, may be used in place of the original.

I acknowledge that I have read and understand this Medical Information Release Authorization. Further, I authorize the disclosure of my protected health information in accordance with the terms in this Authorization.

Parent's Signature (if under 18) Date

Athlete Signature (if 18 or more) Date