

Medical Release Form

I, the undersigned, hereby release Blinn College in Brenham, its successors, assignees, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from my participation in any Athletic activities associated with the Athletic Department at Blinn College.

Executed this _____ day of _____, 20_____

Participants Signature

Social Security Number

Parents Signature