

Huntsville High School Cross Country Program  
2304 Billie Watkins Avenue SE  
Huntsville, AL 35801

**Consent Form Authorizing Release of Information**

---

First Middle Last

---

Address

---

City State Zip Code

Social Security Number - \_\_\_\_\_ / Date of Birth \_\_\_\_\_

I hereby authorize the Huntsville High School Cross Country staff to obtain from: \_\_\_\_\_ (your doctor), or any other physician or health care provider who has treated me for illness or injury resulting from my participation in the Cross Country Program, all related information (including copies of all applicable records) regarding my illness, injury, prescriptions, treatments, consultations, or other medical history related to any injury or illness occurring as a direct result of my participation in the Cross Country Program.

This consent is voluntarily given, and may be revoked by me at any time. I understand that in order to revoke, I must execute a written revocation subject to the right of any person who acted in reliance on this authorization prior to receiving notice of the revocation. I understand that this authorization may be revoked by mailing or hand delivering a notice to that effect to the Faculty Representative of the Huntsville High School Cross Country Team at the address listed on this form. Unless revoked by me, this consent remains effective so long as I am a member of the Huntsville High School Cross Country Team. Termination of my participation in the Huntsville High School Cross Country Program will automatically result in the revocation of this authorization to release information.

I understand that a photostatic copy of this release will be as valid as the original, and that I am entitled to a copy of this authorization.

Student-Athlete SIGN HERE → \_\_\_\_\_ Date

Parent of Guardian SIGN HERE → \_\_\_\_\_ Date