Paul Giblin Memorial Climb to the Clouds

Emergency Treatment and Release Form

Participant Information

Name:_____ Birth Date:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

I am a: Driver / Co-Driver ⬜ Volunteer ⬜

Emergency Contact Information

Name:_____ Relationship:_____

Phone Number _____ At this event? Yes⬜ No ⬜

Medical Information

Current Medical Issues:_____

Current Medications:_____

Allergies:_____

Authorization

I, as the participant or on behalf of a minor participant, hereby authorize any medical treatment by the first responders along with any staff at a hospital or medical facility, if such treatment should be deemed necessary.

Signature _____ Date: _____

(Parent / Guardian must sign if a minor participant)

Name: (please print): _____ (printed name of person signing)

PAUL GIBLIN MEMORIAL
CLIMB TO THE CLOUDS
SPORTS CAR CLUB OF NEW HAMPSHIRE
MT. WASHINGTON AUTO ROAD
August 7th - 9th
2026

Car Number or 'Worker'