

**Lake Brantley Rowing Association
Medical Information Release**



I, _____, authorize the release of

Parent/Guardian (printed)

information that I provided for _____

Rower Name (printed)

on the Lake Brantley Rowing Association Physical,

Medical, and Emergency Release Form to LBRA

coaching staff and board members for the purpose

of allowing timely emergency medical response.

Effective for the 20__ - 20__ rowing calendar year

Parent/Guardian signature

Date