

SHALDERA TRACK CLUB



WAIVER OF LIABILITY AND PARENTAL CONSENT AGREEMENT

Date: _____

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by the Shaldera Track Club. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached.

I /We, the undersigned, parent(s) or legal guardian(s) of (Athlete name) _____ recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment.

I /We release the Shaldera Track Club, its Board members, officers, coaches, volunteers, and any owned, loaned, or leased facilities from any personal injuries or damages caused by or resulting from my child participating in this activity. I/We understand that this release applies to any present or future injuries.

I /We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of track & field and the facility.

I/We further understand that the program may be filmed, videotaped or digitally reproduced. Thus, I hereby sign my signature below to release, acquit, waive and forever discharge the Shaldera Track Club, its Board members, officers, assigns and individual members from all, and any manner of action and actions, cause and causes of action that may arise from use of my child's likeness resulting from their participation with the track & field program.

Child's Name: _____ D.O.B.: ___/___/___ Age: _____

Child's Gender: _____ Height: _____ Weight: _____ Shirt Size: _____ Short Size: _____

School: _____ Grade: _____ Prior Track Experience: Y N

Interested Events: Sprints Distance/Cross Country Hurdles Jumps Throws Race-Walk

Home Address: _____ City: _____ Zip: _____

E-Mail: _____ Cell Phone #: _____

Family Physician: _____ Physician Contact #: _____

Emergency Name & Contact #: _____

Insurance Company: _____ Name on Policy/ID #: _____

Medical conditions (allergies, medications, chronic illness, or other health issues):

Parent/Guardian Name: _____ Signature: _____