

**Rockford Road Runners:**

**Rockford Wildcat's Youth Cross-Country - 2017 Sign-up Release/ Waiver Form**

New  Returning

Male  Female

Age

Child Name:

Birth Date: MM/DD/YYYY

Address:  City:  State:  Zip Code

Parents E-Mail:

**Parent/Guardian Name(s):**

**Person to Notify in Case of Emergency**

Parent/Guardian:

Name:

Parent/Guardian:

Relationship:

Home Phone:

Home Phone:

Cell Phone:

Work Phone:

2nd Cell Phone:

Cell Phone:

Child's School:

Doctor:

Hospital:

Yes  No Would you like to assist at practices?

**Medical Information - Special Needs:**  
Please list any conditions or allergies we should be aware of.

Yes  No Are you a member of the Rockford Road Runners?

How did you hear about the Wildcats?

**Waiver:**

I, the undersigned, am the parent or legal guardian of the minor whose name appears below. I know that running is a potentially hazardous activity. I know that the minor should not run unless medically able and properly trained. I agree to abide by any decision of the program director(s) relative to the minor's ability to safely complete the risks associated with running in this program including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, track, or trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, on my behalf and the minor's behalf, waive and release the Rockford Road Runners, Rockford Wildcats, and Road Runners Club of America, their officers, directors, agents, employees, sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director to consent to and authorize any medical care or treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose.

Minor's Name:  Date:

Parent/Guardian:  Date:

Note: A parent or legal guardian MUST Sign below: I parent, and/or guardian of the above named participant, in consideration of acceptance of this entry, here join and confirm the above waiver and release.

Parent / Guardian: \_\_\_\_\_