



LIABILITY WAIVER AND RELEASE, CONSENT FOR MEDICAL TREATMENT

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named youth, I hereby consent for Emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I, the parent/guardian of the member, a minor, agree that I and the member will abide by the rules of the USATF and SC Flight Track Club (SC Flight), their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with track and field and in consideration for the USATF, and SC Flight accepting the member for their programs and activities, I hereby release, discharge and/or otherwise indemnify the USATF, SC Flight, the coaches/volunteers, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and all claim(s) by or on behalf of the member as a result of the participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Name of person completing this form:

Relationship to athlete:

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND CONSENT FOR MEDICAL TREATMENT.

By signing here I represent that I am the parent or guardian of the minor athlete on this form for SC Flight Track Club.

Signature:

Date: