



PVIS XC PARTICIPANT WAIVER

ATHLETE NAME

EMAIL

As a condition for my participation in the 2025 Palos Verdes Intermediate School cross country program, I the undersigned, my heirs, assigned executors and administrators hereby waive, release and discharge any and all rights of claims of personal injury, death or property damage which I may have or which may hereafter accrue as a result of my participation in the PVIS cross country program. This release is intended to discharge in advance all administrators, coaches, counselors, chaperones, promoters, and sponsors or any individual or entities associated with the above subject from and against any and all liability arising out of or connected in any way with participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons, groups or entities mentioned above.

I hereby attest and verify that I have full knowledge of all risks involved in this event and am physical fit to participate in said event.

INITIALS

In the event of accident, injury, or illness of the named participant, consent is hereby given to any x-ray examination, anesthetic, medical nor surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon.

INITIALS

If I am under eighteen (18) years of age, my parent or legal guardian has signed below as well to indicate their agreement with and consent to the above provisions.

Parents/guardians hereby agree they are responsible for the actions of their child and any resulting financial obligations.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT GUARDIAN NAME

EMAIL

CELL PHONE

MEDICAL CONDITIONS/ALLERGIES

EMERGENCY CONTACT NAME

PHONE