



## **TRACK & FIELD**

### WAIVER

---

Informed Consent: I confirm that my child is in good health and able to participate in the Wattsburg Running Club. I agree to waive all claims against and hold harmless the Wattsburg School District, Wattsburg Running Club, all players and volunteers of this program. I hereby acknowledge that the running club does not carry health insurance and understand that my child is required to have health insurance to participate in the club. If my child is injured during the program and I or my emergency contact cannot be reached, I give my permission to the representatives of the Wattsburg Area School District to seek medical attention for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

---

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known health concerns please list: \_\_\_\_\_

---

---

---

---