

# EWG Summer Youth Track Entry Blank

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_

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Birth date \_\_\_\_\_ Age \_\_\_\_\_

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## INDEMNIFICATION

The undersigned parent/legal guardian hereby acknowledge(s) that track competition carries with it a potential risk of injury, and as such, the undersigned hereby assume(s) the risk of such possible injury to the Participant. The undersigned also agree to indemnify and hold harmless The Exeter West Greenwich School District, and the volunteers involved with the management of the summer event, from any loss, damage, or other disability, however characterized, resulting from injury or damage to the Participant, resulting directly or indirectly from such Participant's participation or association with Exeter West Greenwich Youth Track Meets.

I, the parent/legal guardian do hereby agree to the above Indemnification. I further agree that I have read and fully understand the terms and conditions, possible implications, and consequences of this Indemnification, and I am executing the same freely and voluntarily.

**Parent/Legal Guardian:**

\_\_\_\_\_  
Print Full Name Signature Date

## COVID-19 RELEASE

I confirm that my child(ren) am not presenting any of the following symptoms of COVID-19 including those listed but not limited to: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat

**Parent/Guardian Initial:** \_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending this event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at this event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Exeter West Greenwich School District, volunteers, and program participants and their families

**Parent/Legal Guardian:**

\_\_\_\_\_  
Print Full Name Signature Date