

PARENTAL CONSENT FORM FOR 32<sup>ND</sup> Yakult 10-Miler

TO THE PARENT/GUARDIAN:

I, \_\_\_\_\_, am the parent/guardian of the participant named

[Participant's Full Name] \_\_\_\_\_, who is a minor. I

hereby grant my consent for the participation of my child in the 32<sup>ND</sup> Yakult 10-Miler to be held at Blk 16, SM MOA Complex, Pasay City on Oct 13, 2024 at 4:00AM

In consideration for allowing my child to participate in the 32<sup>ND</sup> Yakult 10-Miler, I acknowledge and agree to the following:

Assumption of Risk:

- I understand that participation in sports activities involves inherent risks of injury. I acknowledge that my child may be exposed to the risk of injury, including but not limited to sprains, fractures, and other bodily injuries. I accept these risks and agree that Hyvesports and its organizers, coaches, and staff are not liable for any injuries sustained during the 32<sup>ND</sup> Yakult 10-Miler.

Photography and Media Release:

- I consent to the use of photographs and videos taken during the sports clinic for promotional and educational purposes. I understand that these materials may be used on Hyvesports website, social media, or other promotional materials.

Insurance:

- I confirm that my child is covered by personal health insurance, and I understand that Hyvesports does not provide insurance coverage for participants.

I have read and understand the terms of this consent form, and I voluntarily agree to its terms.

**PARENT/GUARDIAN INFORMATION:**

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

Relationship to Participant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_