# PINES ENDURANCE
# Waiver and Athlete Information Form

Please read the waiver information carefully before completing the fields below. Participation in training and running activities involves inherent risks, and by signing this form you acknowledge and accept those risks.

Participant Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Conditions / Injuries: _____

Participant Signature: _____

Date: _____

Parent / Guardian Signature (if under 18) _____

Parent Date: _____