

2013 Indian Peaks' Running – Contact, Emergency, and Waiver Information

Today's Date: _____

Athlete Name _____ DOB _____ Age _____

Contact & Emergency Information

Parent/Guardian Name (-s) _____

Day Phone # and e-mail (-s) _____

Cell Phone # (-s) _____

Home/Other Phone #, e-mail _____

Contact if parent/guardian unavailable _____ Phone _____

Contact if parent/guardian unavailable _____ Phone _____

Health Information

Health Insurance Co _____ Group/ID # _____

Athlete's Doctor (name, address, phone) _____

Athlete's Dentist (name, address, phone) _____

List any significant or on-going health conditions of the athlete of which one should be aware at practices, meets, or in an emergency situation (i.e. – asthma, allergies, ADHD, etc):

I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from my athlete's participation in Club activities. I understand this authorization is only valid for situations in which I cannot personally be contacted and/or in the need for immediate treatment.

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Name (signature) _____ Date _____

Waiver

I understand that the Indian Peaks' Running Club does not provide accident insurance for any of its participating athletes. I also understand that I am required to become a member of USATF for such coverage. I will assume responsibility for payment of expenses incurred in the event of injury to my athlete. By signing this, I release Indian Peaks' Running Club, its coach, owners, and members from all liabilities and claims.

My athlete's USATF membership number is: _____

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Name (signature) _____ Date _____