

MILE EATERS WAIVER AND PERMISSION FORM

No applicant will be allowed to participate in any activities until this form has been signed and completed in full, and accepted by the above named member organization.

Athlete's Name:

Parent's Name:

Email Address: _____

Emergency Phone: _____ Birth Date & Age: _____

Gender: _____

Mile Eaters and USATF strongly recommends that children have a medical check-up by a physician prior to participating. I acknowledge and agree that I assume the risks associated with any and all physical activities in which my child participates. I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to this program I hereby agree that I am doing so at my own risk.

In the event of illness or injury I consent to routine first aid care to be carried out. If the parent is not immediately available at the telephone numbers provided above, I authorize to have any necessary emergency medical treatment carried out as prescribed by the attending physician, surgeon or dentist, and accept full financial responsibility, including all charges not covered by insurance, for any charges arising from such treatment.

I acknowledge that I have thoroughly read and understand the Mile Eaters Handbook Track and Field Season 2017 and agree that this is a release of liability for those in which I am in legal care. I give permission for my child to participate in all Mile Eaters gatherings, trainings and competitions for Track and Field Season 2017 and that all physical conditions have been listed and documented on this form.

Parent Signature: _____ Date: _____