

Greater Bellingham Running Club

EMERGENCY / CONSENT FORM

Child's Name:

Birthdate:

Sex:

Phone:

Address:

City:

Zip:

Mother's Name:

Hm Phone/Cell Phone:

Father's Name:

Hm Phone/Cell Phone:

Preferred Email Address:

Child's Physician:

Phone:

List any health conditions:

AUTHORIZATION FOR PICK-UP AND/OR EMERGENCY CONTACT:

The following people will be allowed to pick up your child and/or will be contacted in case of an emergency if parent cannot be reached.

1. Name:
2. Home Phone:
3. Cell Phone:

1. Name:
2. Home Phone:
3. Cell Phone:

*Photograph Permission The applicant(s) hereby gives permission for the GBRC to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret GBRC Programs.

Parent/Guardian Signature Date _____

PLEASE READ: I hereby certify that my child is in normal health and capable of safe participation in the program in which he or she is enrolling. I further give my permission for my child to be given emergency medical treatment by an adult until parents can be reached and be present and/or emergency care arrives for treatment. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's physician and/or other adults acting on the parent's behalf.

Parent/Guardian Signature Date _____

PLEASE READ: In consideration of the acceptance of my participation, I for myself, my heirs, executors, and administrators, waive, release and discharge any and all rights and claims or damages against the Greater Bellingham Running Club, its members, race workers and all sponsors for claims arising from my participating in the "Teen Trail Running Group". I attest and verify that I have full knowledge of the risks involved in this run and that I assume those risks, and that I am physically fit and sufficiently trained to participate in this run.

Parent/Guardian Signature Date _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, participating in any program affiliated with the GBRC whether caused by the negligence of the releasees or otherwise.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while participating in any program affiliated with the GBRC.
3. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Parent/Guardian Signature Date _____