

2018-2019 MIDDLE AND HIGH SCHOOL RACE FORM & WAIVER

NAME OF RACE BIB # GENDER (CIRCLE) M F AGE DATE OF BIRTH TO BE COMPLETED BY ATHLETE NAME LAST FIRST MIDDLE IN. ADDRESS ST ZIP TEAM NAME: BAY NORDIC (CIRCLE) HIGH SCHOOL MIDDLE SCHOOL AGE CLASS (CIRCLE) 9-11 12-13 14-15 16-18 Amateur Athletic Waiver and Release of Liability - You must sign the waiver or have a parent sign it if you are under 18. In consideration of being allowed to participate in any way an athletic/sports program, and related events and activities: In consideration of being allowed to participate in any way an athletic/sports program, and related events and activities: Unique participant that he or she should, inspect the facilities and equipment to be used, and if I believe that anything is unsafe I will immediately advise my coach or a supervisor of such conditions and refuse to participate. 2) I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions, inactions, and negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time. 3) I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death. 4) Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the sponsoring organization, its affiliated clubs, their respective administrators, officers, directors, agents and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to me, my heirs, and next of	TO BE C	OMPLETED BY COA	CH (Do Not fill in)				
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