

Release and Medical Authorization

Participant Name _____

Parent / Guardian Names _____

Home Phone _____

Work/Cell Phone #1 _____

Work/Cell Phone #2 _____

Family Doctor _____

Doctor Phone _____

Alternate Contact Person if Parent/Guardian Unavailable _____

Phone Number(s) _____

I, the undersigned parent/guardian, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation on the Sovereign Grace Storm Cross Country and Track Team ("Team"). I agree to defend, hold harmless, indemnify, release and forever discharge the Team organization, and all its coaches and other workers from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation on said Team which results from causes beyond the control of, and without the fault or negligence of, Team organization, its coaches and other workers, during the period of my child's participation on the Team.

FURTHER, I hereby grant permission to the Team coaches the right to seek and/or administer appropriate medical aid to my child in the event of an emergency.

Parent/Guardian Signature

Date