



**2016-2017 NORTHERN KETTLE MORAINÉ NORDIC
MIDDLE AND HIGH SCHOOL RACE FORM & WAIVER**

TO BE COMPLETED BY COACH

NAME OF RACE _____ DISTANCE _____ BIB # _____

TO BE COMPLETED BY ATHLETE AND/OR PARENT

NAME _____

GENDER (CIRCLE) M F LAST _____ FIRST _____ MIDDLE IN. _____
AGE _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(CIRCLE) HIGH SCHOOL MIDDLE SCHOOL INDIVIDUAL COMPETITOR

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:

- 1) I agree that prior to such participation, I will, or if I am the parent or guardian of a minor participant will instruct such 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 condition(s) 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, 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 kin, for any claims, demands, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of any releases or in connection with association of participation in and/or arising out of my travel to, participation in, and returning from the participation in the event.
- 5) In the event that I sustain an injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

I HAVE READ THE RELEASE AND WILL COMPLY WITH ITS PROVISIONS.

Signature of participant _____ Printed Name _____ Date _____

This is to certify that, as parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms/conditions above.

Signature of consenting parent/guardian if this participant is a minor _____ DATE SIGNED _____