

Redondo Premier Running Club Enrollment Medical Waiver

Waiver is needed for each athlete.

Child(s) First Name: _____ Last Name: _____ Age _____

Birthdate: _____

Health Conditions: _____

Email Address: _____

Parent or Guardian Full Name: _____

Cell Phone: _____ Okay to receive text: Yes No

Emergency Contact: _____

Emergency Phone Number: _____

I have enrolled my child in a program of physical activity. I hereby affirm that he/she is in good physical condition and does not suffer from any disability that prevents or limits his/her participation in Redondo Premier Running Club. I realize there are physical risks when participating in a program physical activity and I hereby release Redondo Premier Running Club and Bob Leetch from any liability now or in the future including, but not limited to, pulls or tears, broken bones, shin splints, heat prostration, knee/lover back/ foot injuries and any other illnesses, soreness or injury however caused, occurring during or after my child's participation in a Redondo Premier Running Club or clinic.

I have read and understand all policies.

Parent's Signature: _____

Date: _____

Personal Insurance Company: _____ Policy#: _____