

EMERGENCY CONTACT (Other than parent listed on page 1 of this document):

Name: _____ Phone: - -

Relationship to Athlete: _____

MEDICAL HISTORY (drugs, food or environmental allergies, previous illness, injury, activity limitations, date of last tetanus shot): _____

CONSENT OF MEDICAL TREATMENT FOR A MINOR (Applicable if applicant is a minor):

As a parent or guardian, I authorize the program director or staff member into whose care I have entrusted my (son, daughter, ward) to consent to any x-ray examination, anesthetic, medical treatment and / or hospital care that may be required for him / her.

RELEASE AND WAIVER OF LIABILITY

While participating in activities of an inherent hazardous nature, each participant is assumed to be voluntarily performing activities for which he / she assumes all risks, consequences, and potential liability.

The undersigned hereby releases and holds harmless Humboldt State University and its agent or agents, Humboldt State University Distance Running Camp director and staff, it's employees, volunteers and any other person, firm or corporation charged or chargeable with responsibility or liability from any and all claims by reason of accident, illness, injury, death or other consequences arising resulting from participation in the Humboldt State Distance Running Camp offered under the auspices of Humboldt State University.

I HAVE CAREFULLY READ THESE AGREEMENTS AND FULLY UNDERSTAND THEIR CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND ON BEHALF OF MY / OUR CHILD, I SIGN IT OF MY OWN FREE WILL.

Name of child (athlete): _____

Signature of Parent or Guardian: _____ Date: _____

Make checks or money orders payable to: **HSU Distance Running Camp**

Mail completed registration form, signed waiver form and \$250 deposit payment to: **HSU Distance Running Camp
7848 Miro Ct
Sparks, NV 89436**

Registration deadline: July 6, 2019.