



CLAREMONT RUNNING TEAM

DISCLAIMER, ASSUMPTION OF RISK, and WAIVER FOR YOUTH

I, _____ (Name of Parent/Guardian or Parent Volunteer), warrant and acknowledge that I am the parent or legal guardian of the RUNNER ("RUNNER") or STUDENT VOLUNTEER of the person under 18 years old covered by this *Disclaimer, Assumption of Risk, and Waiver*. I am authorized on behalf RUNNER or STUDENT VOLUNTEER, our heirs, assigns and next of kin, to hereby enter into the following agreement in consideration of RUNNER, STUDENT VOLUNTEER, being able to Enroll or participate in any way in CLAREMONT RUNNING TEAM ("CRT") PROGRAMS or EVENTS, including practices, races; or other activities offered or entered into by the Claremont Running Team ("CRT").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in CRT PROGRAMS or EVENTS necessarily involves travel, activities on adverse running surfaces, weather conditions, possible contact with considerable force, direct or indirect contact with other persons, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, illness (including COVID 19), paralysis and death. I willingly and voluntarily assume all such risks. I willingly and voluntarily agree to comply with the stated terms and conditions for participation and, if RUNNER, STUDENT PARTICIPANT or I observe any concern in RUNNER'S or STUDENT VOLUNTEER'S readiness for participation in the PROGRAMS or EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also to the, Coach, President or the Board of Directors as soon as possible thereafter.

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, parent volunteers, and/or other officials of CRT to act as my agents in the capacity of activity supervisors. In the event of illness or injury, I authorize each of them as well as the parent/guardian identified as Emergency Contact during Enrollment or on the *Youth Insurance Information Form* to consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I confirm that the person covered by this form has their own medical insurance; and I further understand that I am responsible for YOUTH RUNNER'S or STUDENT VOLUNTEER'S medical expense and that CRT does not provide medical insurance or coverage for CRT RUNNERS, STUDENT VOLUNTEERS or for any CRT PROGRAMS or EVENTS.

AUTHORIZATION: For both internal and external use, I acknowledge that CRT may compile and use first name, city of origin, and photographs of RUNNER or STUDENT VOLUNTEER on the website or in promotional materials. I consent to such uses and hereby waive all rights to approval and compensation.

AGREEMENTS: On behalf of RUNNER or STUDENT VOLUNTEER, myself, and all members of my child's family, I hereby agree that we will abide by the CRT Bylaws, CRT Team Rules & Code of Conduct Policy, CRT Privacy Policy, and the CRT Ethics Policy, copies of which I have received or I have read on the CRT website. I agree to abide by all decisions and directions of CRT's Board of Directors, its Officers, and Coaches. I understand that the RUNNER or STUDENT VOLUNTEER, parent/guardian, or any member of the RUNNER'S or STUDENT VOLUNTEER'S family may be disenrolled, have registrations cancelled, or be removed from a Program or Event at any time with or without cause. I further agree that the RUNNER or STUDENT VOLUNTEER has not been

convicted of any crime as a minor, nor does the RUNNER or STUDENT VOLUNTEER have any known medical condition or other condition that might pose undue risk to himself/herself or to other participants.

HOLD HARMLESS: I hereby release, discharge and agree to hold harmless, to the fullest extent permitted by law, CRT, its participants, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by CRT and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said RUNNER or STUDENT VOLUNTEER, myself or to members of my family, or my household or individuals I invite, or for whom I am otherwise responsible, while participating in or present at any CRT PROGRAMS or EVENTS, whether arising from the negligence of the RELEASEES or otherwise. I acknowledge that CRT is primarily administered and staffed by volunteers rather than paid professionals.

I further acknowledge and accept that this *Disclaimer, Assumption of Risk, and Waiver* is intended to be as broad and inclusive as permitted by the laws of the state in which we live or participate, I agree that if any portion of this *Disclaimer, Assumption of Risk and Waiver* is deemed to be invalid, the remainder will continue in full legal force and effect.

PARTICIPANT/RUNNER'S or STUDENT VOLUNTEER'S Full Name: (please print neatly)

First _____ Middle _____ Last _____

PARTICIPANT/ RUNNER'S or STUDENT VOLUNTEER'S Birthday: M _____ / D _____ / Y _____

Parent/Guardian's Full Name (please print neatly)

First _____ Middle _____ Last _____

Parent/Guardian's (for minor children) Signature:

X _____ Date: _____ / _____ / _____

(Please print both pages, sign, scan, and email to: ChildSafety@ClaremontRunning.org)