

Youth Cross Country Race Participation Waiver

Participant Information

Participant Name:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email:

Waiver and Release

I, the undersigned parent/legal guardian of the above named participant, hereby give permission for my child to participate in the Youth Cross Country Race. I understand that participation in this event involves inherent risks, including but not limited to accidents, falls, and injuries.

I acknowledge that my child is in good health and able to participate. I waive and release the organizers, sponsors, volunteers, and any affiliated parties from all liability for any injury, loss, or damage incurred as a result of participation.

In case of emergency, I authorize the event staff to secure medical treatment for my child as deemed necessary. I have read and understand this waiver and acknowledge acceptance of its terms by signing below.

Signature

Parent/Guardian Signature:

Date:

