

Northport Running Club Youth Program

General Activity Consent Form and Approval by Parents or Legal Guardian(s) of Minors to Participate

Participant: First name _____ Last name _____

Age _____ on today's date: _____ Birthdate _____

...has parental/guardian approval to participate in all activities conducted by the Northport Running Club Youth Program, including all practices and competitions.

Without restrictions and no special considerations required

Special considerations or restrictions, particularly ADHD with or without meds, Asthma, Allergies.

Hold Harmless Agreement:

I understand that participation in physical activity involves a certain degree of risk which could potentially cause injury. I have carefully considered the risk involved and am giving consent for my child to participate in this activity. I understand that participation in this program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I certify that my child is in good health. I agree to abide by any decision of a coach relative to any aspect of my child's participation in this program, including the right of any coach to deny or suspend my child's participation for any reason whatsoever. I release the Northport Running Club, USATF-LI, Road Runners Club of America, all activity coordinators, volunteers, related parties, or other organizations associated with the activity, including from any and all claims or liability arising out of this participation. I assume all risks associated with participation in this program, including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my registration form, I for myself and anyone entitled to act on my behalf, waive and release the Northport Running Club, USATF-LI and the Road Runners Club of America from all claims or liabilities of any kind arising out of my participation in this program. I understand that this program does not provide for refunds in the event of a practice cancellation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge any and all examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Media Release:

We have a wonderful team website and Facebook page that allows us to celebrate our children's successes and increase team spirit. Oftentimes, we post photos of our athletes from practices and competitions. We do not post last names with photos, only first names. ***Please initial one of the following:***

_____ I give consent for my child's image to be used on the Northport Running Club website **AND** Facebook page.

_____ I do not give consent for my child's image to be used on the Northport Running Club website or Facebook page.

Parent/guardian printed name _____

Parent/guardian signature _____