**GWDRC AUTHORIZATION FORMS 2020**

**Authorization for Treatment**

In the event of an illness or injury to my son/daughter in my absence, the Greater Williamsburg Distance Running Club coaches will secure treatment if needed. I authorize the emergency health care center attending to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to diagnose and administer treatment as deemed necessary.

Guardian/Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on policy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver**

I know that running club, track practice, cross country, pole vaulting, track meets/practices are potentially hazardous activities. I assume all associated risks including but not limited to falls, contact with other participants, weather effects including high heat and humidity. Having read this waiver and knowing these facts, I/we release, absolve, indemnify and hold harmless the Greater Williamsburg Distance Running Club (Youth), and sponsors in case of injury to my child. I/we waive all claims against the above mentioned persons or organizations which includes Greater Williamsburg Distance Running Club (Youth), and the County of James City. I further certify that my child has permission to participate in the Greater Williamsburg Distance Running Club (Youth) program. I certify that I know of no physical or

emotional condition or impairment that would prevent participation in the program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Publicity Waiver**

I, *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* (check one) GIVE\_\_\_\_\_\_ DO NOT GIVE \_\_\_\_\_\_

Greater Williamsburg Distance Running Club permission to photograph my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while attending meets and practices.

I further grant Greater Williamsburg Distance Running Club permission to use my child’s photograph for purposes, including but not limited to promotions, presentations, and advertising purposes.

YES\_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Office use: Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ method of payment\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

**FOR THE DISTANCE RUNNING CLUB:** MAKE CHECKS OUT TO **GWDRC** for $30.00, Thursday. 5:00-6:00pm Sign up for AAU. $14.00 at www.aausports.org.