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 C		•
I further grant Greater Williamsburg Dista		
photograph for purposes, including but not	limited to promotions, prese	entations, 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 GV	WDRC for \$30.00,
Thursday. 5:00-6:00pm Sign up for AAU. \$1	4.00 at www.aausports.org.	