

## WAIVER & RELEASE FORM

I (*parent/legal guardian*) acknowledge that a physician has examined , registered athlete, within one (1) year of participation in The BENSWIC Track Club \ training and competition seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared to participate and complete in the various athletic activities related to track and field participation, contests, and competitions. Furthermore, I do hereby give my consent for the above athlete to participate in The BENSWIC Track & Field Program.

**I THE UNDERSIGNED HEREBY WAIVE AND RELEASE** any and all claims I may have against The BENSWIC Track Club. **IT'S EMPLOYEES, COACHES, VOLUNTEER COACHES AND AGENTS OR ITS** representatives **FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE BENSWIC TRACK CLUB. OR FOR WHICH THE BENSWIC TRACK CLUB, IS A PARTICIPANT.**

Moreover, I authorize the coaching staff or assigned chaperones of THE BENSWIC TRACK CLUB to act as Spokesperson in granting permission for emergency Treatment/Hospitalization (*including Anesthesia*), if necessary for the aforementioned athlete and to make any decisions concerning the health, welfare and safety including medical treatment of this athlete during my absence. I understand that should a Health Emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_/\_\_\_/\_\_\_