

PERMISSION FORM

Please return form with camp fee payment

2010

PARTICIPANT

Team Code

Name _____ Home Phone _____

Address _____

Emergency Contact _____ Emergency Phone _____

Email Address _____

PERSONAL

School Attending _____ Age _____ Grade Level (2010-11) _____

Most miles ever run in one week (7 days) _____ One Day _____ Longest Race _____

Best Marks: Cross Country _____ Course/Distance _____

Track (400m) _____ (800m) _____ (1600m) _____ (3200m) _____ (Other) _____

Career Highlights _____ Running Goals _____

PARENT/GUARDIAN PERMISSION

By signing below, I give my consent for the above named participant to attend the 25th Annual Sequoia Running Camp from August 8 to August 15, 2010 in Sequoia National Park.

Signature of Parent _____ Date _____

CONSENT FOR EMERGENCY TREATMENT

By signing below, I give my consent for the above named participant to be treated by a physician in the event of an emergency.

Signature of Parent _____ Date _____

INSURANCE CARRIER

Name and address of insurance company _____

_____ Date _____

WAIVER

In consideration of your accepting this request for participation, by signing below, I, intending to be legally bound, do hereby for myself, heirs, executors, and administrators, waive and release any and all rights, claims or damages I may accrue against the persons and organization affiliated with this running camp for any and all injuries that may be suffered by me during my participation in this camp, not excluding transportation to and from Sequoia National Park. I further attest that I am physically fit and sufficiently trained for participation in this camp.

SIGNATURE OF PARTICIPANT

_____ Date _____

SIGNATURE OF PARENT/GUARDIAN

_____ Date _____

SEQUOIA
HILL
RUN