VIRGINIA RAPTORS TRACK CLUB
MEDICAL RELEASE & AAU AGREEMENT TO PARTICIPATE

I understand there are several inherent risks involved in athletic participation in the sport of track and field and I voluntarily assume all such risks. I, intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against Virginia Raptors Track Club, USA Track and Field (USATF) Association, USATF Virginia, the Virginia Association of the Amateur Athletic Union, the Amateur Athletic Union of the US, the National AAU Committee, the sponsors and officials of any track and field event in which the Virginia Raptors Track Club participates in, the owners of facilities in which events or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any track and field event or practice session involving Virginia Raptors Track Club whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any track and field event or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize Virginia Raptors Track Club and the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, vehicles, or hotel rooms. I agree to pay for any long distance telephone calls, movies, or other extra costs charged to the athlete's hotel room. I authorize the assigned chaperones to send my child home early from events in the event of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the costs of transportation.

_____ _____

Signature of Athlete **Date** **Signature Parent/Guardian** **Date**

MEDICAL AND INSURANCE INFORMATION:

NAME:_____ **BIRTH DATE:**_____

ADDRESS:_____

HOME PHONE: _____ **PARENTS PHONE:**_____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME(S): _____

EXISTING MEDICAL CONDITIONS, ALLERGIES AND MEDICATION:

_____

_____

PHYSICIAN: _____ **PHYSICIAN PHONE:** _____

INSURANCE COMPANY OR PROGRAM:_____

POLICY HOLDER NAME/NUMBER: _____

Office Use: Birth Certificate recd Y / N Fee Paid Y / N SIZE: _____