

THE RUNNING ACADEMY CLINICS AND CAMPS

Reasonable precaution is exercised to see that The Running Academy clinics and camps are a safe place for your child. Even so, it is possible that illnesses and accidents requiring medical treatment may occur. In either instance, it is important for the staff to have certain medical information. THE FOLLOWING PAGES MUST BE COMPLETED, INITIALED AND SIGNED.

“WAIVER AND MEDICAL AUTHORIZATION FORM”

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE: In consideration for permitting my child/ward to participate in The Running Academy LLC, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following: To assume full responsibility for any risks or loss, or personal injury, including death that may be sustained by my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to/ or from all pole vaulting instructional activities sponsor by TRA and the Bethel Board of Education.

TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE the Running Academy LLC, The Bethel Board of Education, it's employees and sponsors from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, or and causes of action whatsoever, that I might now have or may acquire in the future, arising out of/ or related to any loss, damage, or injury, including death, that may be sustained, or to any property belonging to me, while training for, traveling to or from, or participating in The Running Academy Pole Vault clinic and camps.

This health history is correct and complete as far as I know. The person herein described has permission to engage in all clinic/ camp activities as noted. There are many risks inherent in your child's participation in pole vaulting. Parents and families agree to assume and accept any and all such risks of injury or accident. The Running Academy LLC and The Bethel Board of Education are not responsible for any medical expenses that may be incurred from your child's participation in a clinic or camp. This includes any deductibles or co-pays your family may be responsible for. Such expenses are not included in tuition and are not covered by The Running Academy LLC or the Bethel Board of Education.

I hereby give permission to the TRA Clinic staff to provide routine health care and seek emergency medical treatment including ordering X- Rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the TRA Clinics to arrange any necessary transportation. Every effort will be made to contact the parent/ guardians or the emergency contact. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the clinic to secure and administer treatment, including hospitalization, for the person named below.

Contract Terms

The athlete and parents agree to abide by the rules and regulation set forth by The Running Academy and the Bethel Board of Education for the health, safety and welfare of all the children at the clinics. These rules will be stated on the opening day of each session. In the event any athlete is expelled for violating clinic policies, there will be no refund forthcoming. No allowances will be made for late arrival or early departure of an athlete. Parents are responsible returned checks fees (\$30 per check). Tuition is non- refundable after the first full week of the session

Pictures: Parents here by grant full permission for the PVA to use their child's likeness in clinic literature, as part of advertisements, brochures, on our web site and/or in other such formats as the clinic may choose.

Athlete's Printed Name _____

X _____ / _____, 20____
Parent or Guardian Printed Name Parent or Guardian Signature Date

Address: _____ Town: _____ Zip Code: _____

Parent's Phone: _____ Parent's email _____

Child's School: _____

Child's email _____ Child's cell phone _____

Emergency Contact Name _____ Phone # _____

Physician to be called in an emergency:

Name: _____ Physician's phone: _____

Address: _____ Town _____ Zip code: _____

I give my consent for the Pole Vault Academy to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the Running Academy staff to seek medical attention in an emergency at Danbury Hospital if I cannot be contacted. I will be responsible for all medical charges.

1. Are there any physical limitations that will limit the track and field activities this child can participate in?

2. To the best of your knowledge, does this person have any medical or emotional illness or disorder that would currently pose a risk to children in their care or would interfere with or jeopardize a caregiver's ability to render proper care for children in the facility? YES NO

If yes, please explain:

2. Is there any other medical information our staff should know about this child?

