

**Medical Lake High School Summer Program Release Waiver**

Activity/Sport: Cross Country Boys and Girls - Grades 6 to 12
Name of event/summer opportunity: Cross Country Summer Conditioning
Date Range of Activity: June – August 2018
Supervising Coaches: Gene Blankenship, David McNeil, Lisa Henry
General activities associated with this event: Running, Core, Weights, Form Drills

My son/daughter \_\_\_\_\_ (student name) has my permission to participate in the activity listed above.

Parent/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact #: \_\_\_\_\_

My child has the following allergies or other health problems (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*I understand the Medical Lake School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.*

*In the event of illness or accident, I authorize the Medical Lake School District personnel responsible for this activity to approve medical emergency care.*

*Although I understand that the Medical Lake School district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the Medical Lake school district, its employees, agents, or volunteers from any liability associated with this activity.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade entering fall of 2018