

Cross Country: Rules for Running

Parents and Runners: Please read and sign below, and return to Coach before the 2nd week of practice:

- I will come to practice on time and prepared.
- I will miss as few practices as possible.
- I will wear modest running attire: shirts with sleeves and shorts that are longer than fingertip length.
- I will strive to maintain an attitude that is positive, helpful, and kind.
- I will show respect to the coach, my teammates, volunteers and visitors.
- I will try to always do my best at practice and in races, and endeavor to practice on my own as requested.
- I will show dignity and respect for our school as I wear the team uniform. I will return the uniform at the end of the season.
- I will uphold the school's Honor Code during all cross country related activities.

By signing below, I state that I understand these rules and promise to uphold them. I Choosing to break these rules habitually will result in suspension from the team and possible discontinuation from the team.

Student signature

Parent signature

**AMERICAN HERITAGE SCHOOL
BOYS/GIRLS CROSS COUNTRY
PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Name of Participant _____

Parent/Guardian _____ Phone Hm _____ Wk _____ Cell _____

Address: _____ City: _____ Zip: _____

Emergency contact if parent/guardian cannot be reached:

Parent/Guardian _____ Phone Hm _____ Wk _____ Cell _____

Special Medical Considerations. Please list any special physical, medical or psychological considerations that should be made with respect to your son or daughter participating in cross country at American Heritage School:

PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT:

In consideration of permitting the above named participant(s) to enroll in and participate in the above athletic program at American Heritage School ("the School"), the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities. The Undersigned agrees that under no circumstance will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against the School or any of its officers, agents, servants or employees for any of said or officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of the School or any of said persons. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE SCHOOL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. The Undersigned further agrees to defend, indemnify and to hold harmless the School, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity. The Undersigned acknowledges that he/she, has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it.

I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Signature of Parent/Guardian _____ Date: _____

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby give my consent to have the above named participant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the School provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician; however, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician _____ Physician's Phone Number _____

Signature of Parent/Guardian _____

Please attach proof of medical insurance for participant (insurance card or copy of current policy).