



Liability Waiver

I represent that I am the parent or legal guardian of _____, a minor child, and that I have completed all the required registration forms. By my signature below, I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by Rancho Belago Elites (RBE). I authorize the Coaches, Executive Director or staff members to sign the standard athlete's release form when entering my child in any AAU / USA Track & Field sanctioned event. Should my child or I decide to withdraw from participation in the club and its activities, I agree to notify the Head Coach in writing that I am withdrawing my child. I understand that I forfeit all fees paid.

Furthermore, in consideration of my child's acceptance in RBE, I hereby indemnify and hold harmless the Rancho Belago Elites, its coaches, agents, employees, servants, or volunteers, AAU, USA Track & Field, Southern California Association of USA Track & Field, its officers, agents, servants and employees against any and all rights and claims which I have or which may arise in conjunction with my child's participation or travel to and from practices, track meets, road races, or other activities sanctioned, sponsored and/or attended by Rancho Belago Elites, AAU or USA Track & Field.

In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the above numbers have been unsuccessful, by my signature below I hereby give my consent for the administration of any emergency medical treatment deemed necessary by Medical Provider or Dr. (please list) _____, my preferred physician, whose phone number is _____; or in the event the preferred practitioner is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by RBE. Facts concerning the child's medical history including allergies, medications begin taken and any physical impairment to which a physician should be alerted are listed on form (4) (Emergency Contact and Current Medication Information). I represent that the list is current and accurate and includes all allergies. The undersigned further represents that the list below named child is physically fit and physical impairments that will in any way effect the child's participation have been brought to the attention of RBE in writing.

Parent/Legal Guardian Signature: On File (Acknowledgement Form (10)) Date: _____