SAN DIEGO WAVES

San Diego Waves XTC- 2021 SDW Training

Membership Permission Form

We appreciate your interest in having your athlete participate in the San Diego Waves Running Club. Please complete the following information below which allows your athlete to participate & train with the San Diego Waves XTC for a 2 week session (Aug 1-Aug 14). Print Clearly.

Name of Athlete:	_Age: Birth date://
Parent/Guardian Name:	Cell phone ()
Home Phone: () Email:	
Address:	
Emergency Contact Information: Name: Phone: () Relation:
Your signature below gives your child permission to participate in the San Diego Waves practices from: 08/01/2021 to 08/14 /2021 (2 week session). WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT In consideration of your acceptance to this application, the undersigned for himself/herself and personal representatives, assigns, heir next of kin, hereby agree as follows:	
1. Undersigned WAIVES and RELEASES any and a undersigned now has or may have against the San Imembers, City of San Marcos, City of Vista, San Marcos, City o	Diego Waves, its respective officers, coaches and arcos Unified School District FOR ANY AND ALL G LOSSES AND DAMAGES, which may occur to or cluding but not limited to those which relate to, or of San Diego Waves XTC, its' respective officers,
2. Undersigned INDEMNIFIES AND HOLDS HARM coaches, members, City of San Marcos, City of Vista AND ALL CLAIMS, SUITS, LIABILITY, INJURIES, Loany individual or entity which arises by undersigned 3. Undersigned VOLUNTARILY ASSUMES ALL RIS by undersigned while participating in any San Diego 4. Undersigned has been warned that he/she must Diego Waves XTC activities.	OSSES AND DAMAGES to the person or property of participation in a SD Waves XTC event. SKS of loss, damage or injury that may be sustained waves XTC event.
and Release from Liability and Indemnity Agreemen In agreement to the undersigned executes this docu	t.
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Signature: _____ (Parent or Legal Guardian)