

San Diego Waves XTC- 2024 SDW Cross Country Training

Membership Trial 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 up to 2 sessions (Aug. 2024). Print Clearly.

Name of Athlete:	Age: Birth date://
Parent/Guardian Name:	Cell phone ()
Home Phone: () Email:	
Address:	·····
Emergency Contact Information: Name: Phone: () - Relation:
August 2024 (up to 2 sessions). WAIVER AND RELEASE FROM LIABILITY AND	ation, the undersigned for himself/herself and personal
members, City of San Marcos, City of Vista, San Marcos, Sults, Liability, Injuries, Including the inflicted upon undersigned or his/her property, which may in any way be caused by the negligent coaches, and members, while the undersigned is Diego Waves XTC club event. 2. Undersigned INDEMNIFIES AND HOLDS HAR coaches, members, City of San Marcos, City of Vianno All Claims, Sults, Liability, Injuries, any individual or entity which arises by undersigned 3. Undersigned Voluntarily Assumes All February undersigned while participating in any San Die 4. Undersigned has been warned that he/she mu Diego Waves XTC activities.	In Diego Waves, its respective officers, coaches and Marcos Unified School District FOR ANY AND ALL NG LOSSES AND DAMAGES, which may occur to or including but not limited to those which relate to, or ce of San Diego Waves XTC, its' respective officers, participating in and/or in route to any or from any San RMLESS San Diego Waves XTC, its respective officers, ista, San Marcos Unified School District FROM ANY, LOSSES AND DAMAGES to the person or property of ed participation in a SD Waves XTC event. RISKS of loss, damage or injury that may be sustained go Waves XTC event. st be in good physical condition to participate in San inderstands its contents, and voluntarily signs this Waive ent.

Signature: _____ (Parent or Legal Guardian)