

San Diego Waves XTC- 2022 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. 2022). Print Clearly.

Name of Athlete:	Age: Birth date://
Parent/Guardian Name:	Cell phone ()
Home Phone: () Email:	
Address:	
Emergency Contact Information:	
Name: Phone: (_) Relation:
	o participate in the San Diego Waves practices from:
February 2022 (2 sessions).	AIDEMANITY A ODEEN FAIT
WAIVER AND RELEASE FROM LIABILITY AND II	
•	tion, the undersigned for himself/herself and personal
representatives, assigns, heir next of kin, hereby a	gree as follows:
1. Undersigned WAIVES and RELEASES any and	
, ,	n Diego Waves, its respective officers, coaches and
members, City of San Marcos, City of Vista, San M	
	NG LOSSES AND DAMAGES, which may occur to or
	ncluding but not limited to those which relate to, or
	e of San Diego Waves XTC, its' respective officers,
	participating in and/or in route to any or from any San
Diego Waves XTC club event.	
<u> </u>	MLESS San Diego Waves XTC, its respective officers,
	sta, San Marcos Unified School District FROM ANY
	LOSSES AND DAMAGES to the person or property of
any individual or entity which arises by undersigne	• •
3. Undersigned VOLUNTARILY ASSUMES ALL R	ISKS of loss, damage or injury that may be sustained
by undersigned while participating in any San Dieg	yo Waves XTC event.
4. Undersigned has been warned that he/she mus	st be in good physical condition to participate in San
Diego Waves XTC activities.	
5. Undersigned has read this entire document, un	derstands its contents, and voluntarily signs this Waiver
and Release from Liability and Indemnity Agreeme	ent.
In agreement to the undersigned executes this doc	cument on DATE:
Signature:	(Parent or Legal Guardian)