

San Diego Waves XTC- 2025 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 7-14, 2025). Print Clearly.

Name of Athlete:	Age: Birth date://
Parent/Guardian Name:	Cell phone ()
Home Phone: () Email:	
Address:	
Emergency Contact Information: Name: Phone: () - Relation:
August 7-14, 2025 (up to 2 sessions). WAIVER AND RELEASE FROM LIABILITY AND	ation, the undersigned for himself/herself and personal
undersigned now has or may have against the Samembers, City of San Marcos, City of Vista, San CLAIMS, SUITS, LIABILITY, INJURIES, INCLUD be inflicted upon undersigned or his/her property, which may in any way be caused by the negligen coaches, and members, while the undersigned is Diego Waves XTC club event. 2. Undersigned INDEMNIFIES AND HOLDS HAI coaches, members, City of San Marcos, City of VAND ALL CLAIMS, SUITS, LIABILITY, INJURIES any individual or entity which arises by undersign 3. Undersigned VOLUNTARILY ASSUMES ALL by undersigned while participating in any San Die 4. Undersigned has been warned that he/she mu Diego Waves XTC activities.	RISKS of loss, damage or injury that may be sustained ego Waves XTC event. sust be in good physical condition to participate in San and anderstands its contents, and voluntarily signs this Waive

Signature: _____ (Parent or Legal Guardian)