

**TEAM FLASH AND GWDRC AUTHORIZATION FORMS 2018**

**Authorization for Treatment**

In the event of an illness or injury to my son/daughter in my absence, the Greater Williamsburg Distance Running Club and/or TEAM FLASH coaches will secure treatment if needed. I authorize the emergency health care center attending to my child, \_\_\_\_\_ to diagnose and administer treatment as deemed necessary.

Guardian/Parent signature

\_\_\_\_\_ date \_\_\_\_\_

Insurance company: \_\_\_\_\_ Name on policy \_\_\_\_\_

**Waiver**

I know that running club. Track practice, cross country, pole vaulting, track meets/practices are potentially hazardous activities. I assume all associated risks including but not limited to falls, contact with other participants, weather effects including high heat and humidity. Having read this waiver and knowing these facts, I/we release, absolve, indemnify and hold harmless the Greater Williamsburg Distance Running Club (Youth), and Team Flash organizers and sponsors in case of injury to my child. I/we waive all claims against the above mentioned persons or organizations which includes Greater Williamsburg Distance Running Club (Youth), Team Flash, the County of James City, and the WJCC Schools. I further certify that my child has permission to participate in Team Flash and/or Greater Williamsburg Distance Running Club (Youth) program. I certify that I know of no physical or emotional condition or impairment that would prevent participation in the program.

Parent/Guardian Signature: \_\_\_\_\_

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Publicity Waiver**

I, \_\_\_\_\_, (check one) GIVE \_\_\_\_\_ DO NOT GIVE

\_\_\_\_\_ Greater Williamsburg Distance Running Club and/or TEAM FLASH permission to photograph my child, \_\_\_\_\_ while attending meets and practices.

I further grant Greater Williamsburg Distance Running Club and/or TEAM FLASH permission to use my child's photograph for purposes, including but not limited to promotions, presentations, and advertising purposes.

YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use: Amount Paid \$ \_\_\_\_\_ method of payment \_\_\_\_\_ Date \_\_\_\_\_