

EIS Running Club Information Form and Release of Liability

Participant's Name: _____

Participant's Homeroom Teacher: _____

Parent's Daytime E-mail Address: _____

(Used to communicate last minute cancellations and other important info)

Do you have Health/Accident insurance? Yes _____ No _____

If yes: Company: _____

Policy number: _____

Release of Liability

I understand the EIS Running Club may be physically demanding. I affirm that my health/the health of my child, _____, is good and that I am/my child is not under a Physician's care for any undisclosed condition that bear upon my/my child's fitness to participate in the Running Club activities. I understand that each participant must assume the risk of physical injury that could result from this activity. I understand that by signing this I release Eubanks Intermediate School, the Carroll Independent School District, its board members, employees and all individuals assisting in the instruction and conduct of the Running Club activities, from any and all liability. I have carefully read the Release of Liability and fully understand its content.

Participant's Signature: _____

Parent Signature if Participant is under 18: _____

Address of Participant: _____

Phone Numbers: Home: _____

Cell: _____

Person to contact in case of emergency: _____

Phone: Home: _____ Work: _____

Today's Date: _____

*****The Nurse will NOT be available; therefore, if your child uses an inhaler it will be MANDATORY for him/her to have their inhaler with them at every practice and race. Please indicate below if your child uses an inhaler.*****

PLEASE LIST ANY LIMITATIONS AND/OR MEDATIONS (INHALER)

THERE WILL BE NO RUNNING CLUB ON OZONE ACTION DAYS/RAINY DAYS/DAYS OF EXTREME COLD (PER DISTRICT POLICY)