Participant's Name:_____M/F:_____ DOB:_____Today's Date:_____

Informed Consent and Release Authorization for Emergency Treatment……
"I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission for my child to participate in the Saddleback Running Club (SRC) Clinics & Camp, hereby assume full responsibility for all risk of injury or loss which may result from my child's participation in this activity and hereby agree to hold harmless, release and forever discharge the officers of SRC Clinics & Camps, their officers, agents and employees forenamed waive any and all claims and demands whatsoever which the undersigned and any of them or any third person and their representatives or any persons acting under their behalf have or may have against said officers, agents or employees by reason of any accident, illness, injury, or death of any person or persons, or damage to or loss of destruction of any property arising or resulting directly from my child's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of SRC Clinics & Camps, their officers agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all lay family members. I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health conditions which would hinder or prevent his active participation in the SRC Clinics & Camps." "I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application, and verily that the coverage information attached herewith is accurate and true." "In the case of an emergency and if I cannot be reached, I hereby authorize the staff of the Clinic to obtain whatever medical treatment they deem necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees." "Having read and understood, and being in agreement with this release, I have signed and dated this application in the space below."

Please complete this form and follow the directions below.

Medical Release:
I have read and understood, and I agree with the informed consent and release information given below and release authorization outlined in this form as it relates to my child.

Parent or Guardian Name:_____ Parent or Guardian Signature: _____Date: _____

Policyholder's Name:_____ Insurance Company: _____Policy Number_____

Child'sPhysician_____PhoneNumber:_____

Person Responsible for charges if different from above:_____Address:_____ Phone Number:_____

In an emergency, contact: _____Phone:_____Relationship:_____

Medical Information:

Allergies: _____ Current Medications: _____

Pertinent Medical History: _____Last Tetanus Booster_____

Participant's Information: How would you like to receive information? (circle one) Phone Fax E-Mail Shirt Size (circle one): YM YL AS AM AL AXL

Mother/Guardian:_____HomePhone_____Cell_____Work_____

E-mail_____ Alternate E-mail Address _____CA Zip_____

Father/Guardian:_____HomePhone:_____Cell_____

_____Work_____ E-mail_____

Address_____ CA Zip _____DOB_____ Age_____ M/F_____

Participant's Running Experience:_____:_____