



BULL CITY EXPRESS TRACK CLUB

BULL CITY EXPRESS TRACK CLUB ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration for allowing the below-named individual to participate in track & field training and use the facilities, I acknowledge that there may be some risks involved. I hereby release the USATF, Inc; Bull City Express Track Club, Inc; its coaches, managers, officers, agents, and sponsors from any liability for injuries suffered by the below-named individual while under the instruction, supervision, or control of or upon the premises used by Bull City Express Track Club or such other premises as may be used in its operation or programs, including transportation to and from activities; and I agree not to sue for any such injury. Participation by each athlete at every scheduled practice is voluntary with the permission of their parent/guardian, if under the age of 18 years old. I agree to provide for any medical expenses incurred by below-named individual as a result of any injury sustained while training or performing for the Bull City Express Track Club.

ATHLETE'S NAME (please print) _____

PARENT'S SIGNATURE _____

DATE _____

EMERGENCY MEDICAL RELEASE

Athletes under the age of 18 that will travel without a parent will be required to a parental release in the event of a medical emergency. I, the parent/guardian do hereby authorize the Bull City Express Track Club coaching staff or any other representative of the club to provide first aid and/or obtain emergency medical treatment for the below-named individual during all practices and meets. I understand that, I, the parent/guardian are solely responsible for all liabilities associated with or as a result of treatment performed on behalf of the below-named individual.

ATHLETE'S NAME (please print) _____

PARENT'S SIGNATURE _____

DATE _____