

Parental Consent and Release for All Activities For Eclipse Track & Field Club Inc.

Name of Child/Youth:

First Name Last Name

Child/Youth's Date of Birth:



Month Day Year

I, the undersigned, am the parent or legal guardian of the child or youth ("Child") named above.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed that by attending Eclipse Track & Field Club, my child will participate in certain activities associated with Eclipse Track and Field Club activities, training practices, strength and weight training practices, meets, field trips and other activities associated with participating with Eclipse Track & Field Club Inc. I understand that the Programs may be the same or similar on a week-to-week basis or they may vary depending upon the judgment of the Coaches of Eclipse Track & Field Club. I do not need to be informed of each and every activity or the Programs as I have a sufficient understanding of their general structure.

I desire and do consent for my child to participate in the Programs Eclipse Track & Field Club Inc and I acknowledge and understand that this PARENTAL CONSENT AND RELEASE FOR ALL ACTIVITIES has the same force and effect regardless of whether the Programs engaged in are free or if a fee is charged. I consent to allow my child to be transported to and from Programs of the Eclipse Track and Field Club pursuant to the travel arrangements made by myself and Eclipse Track & Field Club Coaches/Staff.

Further, I personally assume, on my child's behalf, all risk in connection with said Programs for any harm, injury, or damages that may befall my child as a result of my child's participation in the Programs, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the Programs.

In consideration of my child being allowed to participate in the Programs and to use Eclipse Track & Field Club Inc. equipment and facilities, on behalf of my child, and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Eclipse Track & Field Club, the corporation, its, officers, directors, employees, volunteers, agents, and contractors from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in the Programs or use of Eclipse Track & Field Club equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the Province of Ontario or any health care professional duly licensed to provide health care services in the Province of Ontario for medical care and services deemed necessary by Eclipse Track & Field Club Inc., its agents, servants, volunteers, and employees. In the event that it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child based upon the existing circumstances, I also consent to the employees, volunteers, and agents of Eclipse Track & Field Club Inc. to use their best judgment, as "Good Samaritans," to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Eclipse Track & Field Club of any and all health considerations or medical conditions that would affect or restrict my child's participation in any of the Programs of Eclipse Track and Field Club. I will not allow my child to participate in any specific Programs of Eclipse Track and Field Club which I know or should know would jeopardize my child's health or safety based upon my child's then-existing medical or health condition or that would subject other children or youth of the Church to disease or illness.

Should the need for medical attention arise, Eclipse Track and Field Club will attempt to contact you, as soon as practicable under the circumstances.

Past Medical History: (Check giving appropriate information)

Asthma
Sinusitis
Bronchitis
Kidney Trouble
Heart Trouble
Diabetes
Dizziness
Hay Fever
Stomach Upset
None

Allergies: (Check giving appropriate information)

Penicillin or Other Drugs
Insect Sting/Bites
Poison Sumac, Ivy, or Oak
Previous Operations or Serious Illness
Any Other Current Medications
Special Diets
None

Childhood Diseases:

- Chickenpox
- Measles
- Mumps
- Whooping Cough
- None

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Eclipse Track and Field Club on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE FOR ALL ACTIVITIES by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Name of Parent/Legal Guardian:

First Name Last Name

Athlete Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Parent/Guardian Phone Number:

Area Code Phone Number

Date:



Month Day Year