

# Merton Area Running Club Renewal Waiver - 2017

Waiver for (list athlete names) \_\_\_\_\_  
List other contacts in case of an **emergency**? \_\_\_\_\_

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## Medical Information

Are there any medical conditions of the participant that we (MARC) need to be aware of? Yes No  
If Yes, please explain: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Is your child currently covered by personal health insurance? Yes No If Yes, list below:

Insurance Name \_\_\_\_\_

By signing below, I release the Merton Area Running Club, hereafter referred to as MARC, and all it's agents and /or members from all liability for any injury, which may occur, to myself or my child / children participating in the activities of MARC, or while traveling to or from such activities. I also release MARC from all liability for any medical conditions (pre-existing or not) arising after participation in MARC activities. My signature allows my child / children to attend MARC practices and participate in MARC activities.

Signed \_\_\_\_\_ Date: \_\_\_\_\_