

Merton Area Running Club Renewal Waiver - 2019

Waiver for (list athlete names) _____

List other contacts in case of an **emergency**? _____

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: _____