

Morgantown Running Club Program Registration

| Athlete Name: | Male/Female: |
|--|---|
| Club/School: | Birthdate: |
| Parent(s) Name: | |
| Address: | |
| Home Phone: | Daytime Phone: |
| Email: | |
| Emergency Contact/Phone Number: | |
| Do you have any allergies? Yes No | If yes, please list: |
| Are you on any medications? Yes No | If yes, please list: |
| Have you have any serious injuries/illnesses that | we should be aware of? Please list: |
| ONE DAY: TWO DAY: | |
| Cash or check ONLY. Plea | ase make checks payable to Morgantown Running |
| to, athletic teams, field trips, and any other programs. University (WVU) and other valuable considerations, behalf of myself and/or my child, my heirs, execut Heather 1, LLC, WVU and all directors, officers, at Heather 1, LLC, WVU jointly and severally, from and/or my child ever had, now have, or may have agand assigns, jointly or severally for all or personal caused by or arising out of my or my child's participactivities in/at Morgantown Running, Heather 1, LL executors, administrators and assigns to indemnify an harmless from and against any and all actions, claim | ed to me and/or my child for my and/or my child's participation in but not limited ams or activities in/at Morgantown Running, Heather 1, LLC, West Virginia the receipt and sufficiency of which are hereby acknowledged. I hereby agree on ors, administrators and assigns to release and discharge Morgantown Running, agents, and employees or any volunteers associated with Morgantown Running, any and all claims, demands, actions, judgments, and executions under which I gainst any or all of the aforesaid, any combination of the aforesaid, the successors injuries known, unknown, as well as all damages to property, real or personal pation in but not limited to athletic teams, field trips and any other programs or C and/or WVU. I hereby agree, on behalf of myself and/or my child, my heirs, my, all or any combination of aforesaid, jointly and severally, and to hold and save as, demands, liabilities, losses, damages, or expenses of whatever kind and nature, neutred by reason or my and/or my child's participation in or preparation for the Mor WVU |
| Signature of Athlete: | Date: |
| Signature of Parent/Guardian: | Date: |