



Summit School Cross Country Running Team Informed Consent and Permission to Participate Form

2020-21 School year

Supervising Summit Staff: David Moreno

Non-Staff Coach: Heather Thomas & Daniel Reardon

Name of STUDENT (please print)

Birth Date

I hereby give my permission for my STUDENT (named above) to participate fully in the Summit School Cross Country Running Athletic Team. I understand that my registered STUDENT will be practicing before and after school and may participate in competition meets off Summit School campus.

I understand my STUDENT's participation in this activity involves exposure to inherent risks. During practices competitions, my STUDENT will run in a group off of the Summit School campus and along various running routes approved by the supervising Summit staff member. Whenever possible, student runners will run on sidewalks, however, there may be times when they will need to run along the side of a road when a sidewalk is not available. Student runners will be crossing streets/roads. I further understand that there will always be a Summit Staff member or authorized adult volunteer with the team on their practice runs.

In addition, I give permission for my STUDENT to participate in all Cross Country competitive meets held off the Summit School Campus during the 2020-21 school year. I understand that I, alone am responsible for transporting my STUDENT to and from the Cross Country competitive meets.

By signing this permission form, I hereby expressly assume all risks associated with my STUDENT's participation in the Summit School Cross Country Running Team. Despite my understanding of the foregoing risks, I agree to release from liability and hold harmless **Summit School**, their respective officers, directors, employees, and representative agents for any harm, loss, damage, personal injuries or death arising out of, or in connection with my STUDENT's participation in such school athletic activities. In the event of a medical emergency, I hereby grant authorization to Summit School, and its teachers or other representatives, to employ any legally licensed physician or health care facility on behalf of me and to direct and/or order emergency medical treatment for the above-mentioned STUDENT.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date