

Edmonds School District "Great Pumpkin Race"
Entry Form – Turn in this entry form on race day at the registration table!

Name of Participant: _____ Grade K 1 2 3 4 5 6 School: _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the ESD Pumpkin Run, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of running entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ (Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

The undersigned hereby acknowledges the understanding that this activity involves an element of risk and a danger of accidents and injury, and the voluntary assumption of those risks. In addition, the undersigned hereby, for him/herself and for his/her heirs, executors and administrators, waives and releases any rights, claims and causes of action that may be had or might arise against the City of Edmonds, Edmonds School District #15, Move 60, Swedish Edmonds, and their employees, officers, agents or representatives for any and all losses suffered by the said undersigned in connection with participation in this event. By signing below, the undersigned attests that he/she has read and fully understands and agrees to the assumption of risk, waiver and release of all claims.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for _____ who attends _____ to

(Student)

(School)

participate in the Pumpkin Run on October 26, 2016 at Mountlake Terrace High School for the purpose of practicing fundamental running skills in order to enhance skill and performance level.

Please Print Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____