



Participant Information and Waiver

Roscoe Wilson Running Club
Wednesdays 3:30-4:00pm

Participant name: _____

Grade: _____

Participant name: _____

Grade: _____

Participant name: _____

Grade: _____

Parent/Guardian: _____

Phone: _____

Email: _____

Text? Y / N

Parent/Guardian: _____

Phone: _____

Email: _____

Text? Y / N

Emergency Contact: _____

Phone: _____

Text? Y / N

When running club is over (4:00 pm) the above participant(s) should be dismissed to _____
(Parent/Guardian will pick up? Another school activity?)

Any specific concerns for the above participant(s)? _____

Date: _____

Signature of Parent/Guardian

I understand that running is a potentially hazardous activity. I should not join the Roscoe Wilson Running Club unless I am medically able to do so. I assume all risks associated with running during Roscoe Wilson Running Club events including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, my own health conditions, whether known or unknown to me, the conditions terrain, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I **FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF. WAIVE AND RELEASE THE ROSCOE WILSON RUNNING CLUB, LUBBOCK INDEPENDENT SCHOOL DISTRICT (LISD) AND ALL SPONSORS. THEIR REPRESENTATIVES AND SUCCESSORS. FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THE CLUB'S ACTIVITIES, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS. IN PART OR WHOLE. OF THE ROSCOE WILSON RUNNING CLUB. LISD. OR OTHER SPONSORS REFERENCED ABOVE.**