



## PARENT RELEASE AND INSURANCE INFORMATION

I, the undersigned, individually or as parent(s) and guardian(s) of \_\_\_\_\_

a minor, do hereby certify that he/she/they is in good physical condition to take part in RunningWorks, Inc.'s Cross Country Camp (herein known as "Camp"), and I do hereby request and authorize his/her participation in the Camp. I understand that cross country is an active, physical sport which involves physical hazards and that injuries can occur. Should a medical emergency arise and I cannot be reached, I hereby authorize the staff of the Camp to seek appropriate medical attention for him/her. I will be responsible for any and all costs of medical attention and treatment for him/her. I, the undersigned, my heir, executors and administrators, hereby agree to release, discharge and hold harmless RunningWorks, Inc., its officers, agent and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out the minor's attendance at RunningWorks, Inc.'s Cross Country Camp.

SIGNATURE of Parent/Guardian: \_\_\_\_\_

PRINT Parent/Guardian NAME: \_\_\_\_\_

PHONE NUMBER of Parent/Guardian: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Subscriber's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Family Physician Phone #: \_\_\_\_\_