

Road to the Right Track

NAME

	(First)	(Last)	(MI)		
ADDRESS					
CITY		STATE	ZIP		
SEX	_HEIGHT_	WEIGHT_	D.O.B	AGE	
HOME TEI	LEPHONE				
PARENT'S	S NAME				
E-MAIL AI	DDRESS			_	
		,,			_

I hereby authorize my son/daughter ______ to participate in the Road to the Right Track activities. I also authorize Road to the Right Track to take photos, slides and recordings of my son/daughter while he/she is participating in Road to the Right Track activities. I hereby assign to Road to the Right Track, Inc. the right to use any pictures taken during the activity for promotional or instructional purposes without compensation.

We, the undersigned participant and parent or legal guardian of the above-named participant, acknowledge that running in a road race can sometimes be a dangerous activity that can result in physical injury or other damages. We AGREE that Road to the Right Track, Inc., its' officers, directors, agents, servants, employees, coaches, volunteers, sponsors, facilities and facility employees shall not be liable to me or the above-named participant for any injury or damage resulting directly or indirectly from any participation with Road to the Right Track, Inc., or due to the use of any equipment provided to me by Road to the Right Track, Inc.. In consideration of Road to the Right Track, Inc. accepting the above-named participant, we hereby acknowledge and agree that, to the fullest extent of the law, the undersigned releases and will defend, indemnify, discharge, and hold harmless Road to the Right Track, Inc., and any of their officers, directors, employees, agents, affiliated organizations, subsidiaries, sponsors, volunteers and partners, from and against all claims, damages, judgments, liabilities, losses, and expenses, including attorney's fees, for any injuries or damages arising out of or resulting from the above-named participant's participation in any way with Road to the Right Track, Inc., or due to the use of any equipment or other items provided to me by Road to the Right Track, Inc.. We UNDERSTAND that this agreement shall bind my heirs, legal representatives and all assigns and shall inure to the benefit of Road to the Right Track, Inc., its' officer, agents, servants, employees, volunteers and sponsors, and their successors and assigns.

I have listed any health problems that my child has and may affect him/her on this trip: (ex. Asthma, taking medication twice a day, allergies or recent injuries.)

In the event of a sudden serious injury or illness to my son/daughter while he/she is participating in Road to the Right Track Activities, I express my consent for the administration of emergency health care, including anesthesia, if that action is desirable in the opinion of the attending medical personnel. I shall be responsible for all medical fees and other charges. I understand that the leaders will make reasonable effort to contact me, should a sudden injury or illness occur.

In signing this permission slip, I certify that my child is covered by health and accident insurance or Medicare and that I am obligated to provide Road to the Right Track with the name and carrier and policy number.

Both parties agree that any dispute that arises which is related in any way to the participants participation in Road to the Right Track Activities or to this agreement shall be decided by binding arbitration before a single arbitrator appointed by the American Arbitration Association, following its rules. Either party may request arbitration.

THIS FORM MUST BE SIGNED BY A PAREN	T OR GUARDIAN.
PARENT'S SIGNATURE	DATE
PARTICIPANT'S SIGNATURE	DATE

Please return application to: <u>Frank Hughes</u>

Road to the Right Track Roadtotherrighttrack.com Frank.hughes@pd.boston.gov