



Summer Running Program

Cross Country Athletes Grades 7-12
Start Date: June 2, 2025 from 6:00 - 7:00 a.m.
HEJA APP CODE: RX-123426

Huron Tigers Summer Running Program Medical and Waiver Release Form

Athlete Name _____ Birthdate _____ Age _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____

Parent Phone _____ Athlete Phone _____

Emergency
Contact _____ Phone _____ Relationship _____

Existing Medical Coverage _____ Plan # _____

Known Allergies _____

Current Medical Medications _____

I hereby voluntarily permit my child to participate in the **Huron Tigers Cross Country Summer Running Program**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFYING THIS STATEMENT BY ELECTRONICALLY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by Huron Tigers Cross Country to participate in these activities, I hereby release and hold harmless Huron Tigers Cross Country, its staff, volunteers, designated coaches from all liability, and from all actions or claims that my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Huron Tigers Cross Country (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Huron Tigers Cross Country coaches, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Huron Tigers Cross Country coaches, Trainers and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child may incur as a result of such treatment. Huron Tigers Cross Country also does not provide any medical or other insurance protection or benefits for those who participate in the Huron Tigers Cross Country Summer Running Program.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE HURON TIGERS CROSS COUNTRY SUMMER RUNNING PROGRAM AND ELECTRONICALLY SIGN IT OF MY OWN FREE WILL.

Electronic Signature _____ Date _____

2025 OPEN RUN DATES:

June 2 - 4

June 9 - 12

June 16 - 19

June 23 - 26

July 7 - 10

July 14 - 17

July 21 - 24

July 28 - 31