



RUNNING BUDDY/SPONSOR RUNNER *form must be returned to coach by May 1, 2017

Name: _____

School: _____

Student runner: _____

I, _____ hereby waive any right to bring litigation against Crossover Athletics or any of their employees, volunteers, schools, or partnering businesses as a result of any or all injuries, damages or losses sustained by me or my child while participating in Crossover Athletic events and the Run Hard Running program.

In case of emergency, I hereby give permission to the physician selected by the director to hospitalize or secure proper treatment of the person listed as Participant on this form. If at all possible, parents or guardians will be notified for medical

I also give my permission for the free use of my name and picture in any written account, broadcast, or telecast of this event for any legitimate purpose.

Signature _____ Date _____