

2018 Raymond Recreation Association Running Program

Runner's name: _____

Grade: _____ Teacher: _____

Address: _____

Home Phone: _____ Cell phone: _____

As with all programs, Raymond Recreation Association urges parents to have health and accident insurance for their children. Inexpensive coverage is available through the school.

Emergency contacts (available between 3:15 p.m. - 4:15 p.m. Tuesdays/Thursdays)

Name: _____ Relationship: _____

Phone #(s): _____

Name: _____ Relationship: _____

Phone #(s): _____

At 4:15 my child will be picked up by:

** *List all people allowed to pick up the child* **

My child will go to SACC

I understand that if my child is not picked up promptly at 4:15 he/she could be excluded from the program.

Please initial: _____

Please list any medical considerations of which we should be aware (asthma, allergies, medications, etc.).

Please note that up to 40-50 children participate in this program, if your child requires close supervision due to a medical issue please arrange to volunteer daily.

There are opportunities to use photos or program participants in local papers, on the Raymond town website, and on the Raymond Rec Facebook page. Please indicate below your permission in this regard. RRA may use photos of my child in print and electronic media (circle one) YES NO

Email address(es) for cancellation notices:

How to sign up:

- 1) Mail the signup form & waiver to: Melissa Dlugos, 32 Woldbrook Dr, Windham, ME 04062 OR
- 2) Email the completed signup form & waiver to: melissadlugos@gmail.com OR
- 3) Call/email me for another time to meet- Melissa Dlugos, 32 Woldbrook Dr, Windham, ME 04062

****Waiver page MUST be included with registration****

Please submit \$15 for each child registered, checks to Raymond Recreation Association. Additional donations always accepted to support program scholarships and to keep program costs low.

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, elect to participate in Raymond Rec Running (RRR). Furthermore, I agree that I am in good health and proper physical condition to participate in RRR.
2. Understand that there are certain risks and hazards involved in participating in that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.
3. I understand that running is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of running is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, sliding, diving, skating and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play RRR in consideration for permission to play:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all facilities arranged for by my team or league for practice or play.
2. I hereby release, discharge and agree not to sue Raymond Rec Association (RRA) or their owners, officers, agents, servants, associations, employees, or any person connected with RRA for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS OF THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Print) _____ Phone _____
Address _____
Signature of Player (if 18 years old) _____ Date _____

Parent/Guardian Waiver, Release of Liability and Indemnification Agreement

I, the undersigned parent or guardian of the above named minor, acknowledge, agree and understand that:

1. The above named minor is in good health and proper physical condition to participate in RRR.
2. There are certain risks and hazards involved in the above named minor participating RRR that may result in injury or death to the minor or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.
3. I hereby release, discharge and agree not to sue Raymond Rec Association (RRA) or their owners, officers, agents, servants, associations, employees, or any person connected with RRA for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Print) _____ Phone _____
Address _____
Signature of Guardian _____ Date _____