

Date: _____

STGGCS STUDENT MEDICAL WAIVER FORM RUNNING CLUB 2024-2025

Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade ***********
The STGGCS Running Club takes place on Tuesdays and Th kindergarten through grade 8 are eligible to participate.	oursdays from 7:30-7:45 AM. Students in
As the parent/guardian of the above-named participant(s), STGGCS Running Club is voluntary and involves physical ac acknowledge and accept these risks on behalf of my child.	ctivity that carries some risk of injury. I
I agree to the following terms:	
 Assumption of Risk: I understand that participating limited to group runs, races, and conditioning exerci- contact with other participants, and weather-related is in good physical condition and able to participate 	ses, may involve risks, including falls, I hazards. I acknowledge that my child
2. Release of Liability: I hereby release and hold harml School, its administrators, staff, coaches, volunteers, any and all claims, liabilities, or causes of action arisin accident, or other incident that may occur during my Club.	and any affiliated organizations from ng out of or related to any injury,
3. Medical Treatment: In the event of an injury or medical emergency, I authorize the school staff or volunteers to obtain medical treatment for my child as they deem necessary. I agree to be responsible for any medical expenses incurred as a result.	
 Compliance with Rules: My child and I agree to abic by the Running Club and the school administration. with these rules may result in my child's removal from 	I understand that failure to comply
By signing below, I acknowledge that I have read and unde agree to its terms on behalf of my child.	erstood this waiver, and I voluntarily
Parent/Guardian Printed Name:	
Parent/Guardian Signature:	