



**STGGCS STUDENT MEDICAL WAIVER FORM
RUNNING CLUB 2025-2026**

Student Name _____ Grade_____

Student Name _____ Grade_____

Student Name _____ Grade_____

Student Name _____ Grade_____

The STGGCS Running Club takes place on Tuesdays and Thursdays from 7:30-7:45 AM. Students in kindergarten through grade 8 are eligible to participate.

As the parent/guardian of the above-named participant(s), I understand that participation in the STGGCS Running Club is voluntary and involves physical activity that carries some risk of injury. I acknowledge and accept these risks on behalf of my student(s).

I agree to the following terms:

1. **Assumption of Risk:** I understand that participating in running activities, including but not limited to group runs, races, and conditioning exercises, may involve risks, including falls, contact with other participants, and weather-related hazards. I acknowledge that my student(s) is in good physical condition and able to participate in these activities.
2. **Release of Liability:** I hereby release and hold harmless St. Gregory the Great Catholic School, its administrators, staff, coaches, volunteers, and any affiliated organizations from any and all claims, liabilities, or causes of action arising out of or related to any injury, accident, or other incident that may occur during my student's participation in the Running Club.
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 student(s) as they deem necessary. I agree to be responsible for any medical expenses incurred as a result.
4. **Compliance with Rules:** My student(s) and I agree to abide by all rules and guidelines set forth by the Running Club and the school administration. I understand that failure to comply with these rules may result in my student's removal from the club.

By signing below, I acknowledge that I have read and understood this waiver, and I voluntarily agree to its terms on behalf of my student(s).

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____