



REGISTRATION FORM



School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Participant First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participants age: \_\_\_\_ Grade: \_\_\_\_

T-shirt size: Youth: XS \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LARGE \_\_\_\_\_ XLARGE \_\_\_\_\_
(Select One) Women's: XS \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LARGE \_\_\_\_\_ XLARGE \_\_\_\_\_ 2XI \_\_\_\_\_
Unisex: SM \_\_\_\_\_ MED \_\_\_\_\_ LARGE \_\_\_\_\_ XLARGE \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

Parents/Guardian First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Does this child have any allergies, injuries, disabilities or limitations, such as: ADD, diabetes, epilepsy, hemophilia, heart condition, asthma or other respiratory illness, or any other physical or mental limitations that may affect their ability to participate? YES \_\_\_\_\_ NO \_\_\_\_\_

List allergies or limitations: \_\_\_\_\_

I understand and acknowledge that my child/ward is participating in Mini Mermaid Running Club (Mini Mermaid Running Club or Young Tritons Running Club, also known as "MMRC"), an athletic development program for girls and boys (the "Program") as well as Run Sweat Love 5k event ("Race") and is in good health and physical condition to participate in the race and other strenuous physical activities. I further understand and acknowledge that participation in racing events, training, racing and activities poses risks to my child, including the risk of serious injury or death. I hereby release, waive and leave safe MMRC, Lake Cunningham Regional Park, the City of San Jose, and Mount Hermon Association, Inc., their officials, directors, employees, sponsors, agents, contractors, and volunteers, (collectively, the "Released Parties") from any and all liability for injury and/or property damage that my daughter/son/ward of age can perform during the Program/Race or during my trip to or from Program/Race events. This waiver and release covers (including any heirs, executors or administrators) and is given in consideration of the acceptance of the MMRC registration/entry into the Program/Race. I further agree to defend and indemnify the Released Parties, from any claim or demand made by any third party due to my actions in this Program/Race. In the event that I, or another parent/guardian cannot be reached in an emergency, I give permission for staff or volunteers of the Released Parties, to ensure proper treatment for my child. I authorize any x-ray examination, anesthetic, diagnosis or treatment deemed necessary, hospital care and medical, surgical or dental in the best judgment of the physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or healthcare facility or dental services. It is further understood that the undersigned will assume full responsibility for any action, including payment of costs. Occasionally, Program/Race activities may be photographed, videotaped or audio-taped for educational, publicity or fundraising purposes. I hereby grant full permission to any and all of the foregoing to use my or my child/guardian's name and or likeness in any broadcast, telecast, video, or print media reporting or advertising without compensation (e.g., as part of marketing materials, social media or Program/Race websites). I, as parent(s) or guardian(s) of the minor(s), hereby, for my child/children, myself, my heirs, executors and administrators, release.

I AGREE TO THE ABOVE WAVIER (NAME AND SIGNATURE)

PRINT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_