NORTHWESTERN ATHLETICS
2013 CROSS COUNTRY CLINIC
WAIVER AND RELEASE

(*This form must be completed and returned to Northwestern Athletics the day of participation*)

Participant's Name _____
Date of Birth _____
Parent/Guardian Name _____
Address_____
City _____ State_____ Zip_____
Email_____
Home Phone _____ Cell Phone _____

PLEASE READ CAREFULLY
(Provisions in parentheses apply if the waiver is signed for a minor or ward)

As part of the consideration tendered for my (and my child/ward) being permitted to participate in the Northwestern Cross Country clinic on Sunday, November 10, 2013. I agree (for and on behalf of myself and my child/ward) to, and do hereby, irrevocably waive any and all claims against, and agree to fully release, hold harmless, and indemnify, Northwestern University, its trustees, officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (or my child/ward's) participation in the Event.

_____ _____, 2013
Signature of Participant/Parent/Guardian Date

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To Whom It May Concern:

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Northwestern Athletics to obtain first aid and/or medical treatment at the nearest and most adequate facility of Northwestern Athletics' choice

Name of Participant: _____
Dates when release is effective: _____

Emergency Contact:
Name: _____
Address: _____
City, State, Zip: _____
Relationship: _____
Phone: _____

Medical History:
Special Dietary Needs:
_____
Does your child/ward have any allergies, including reactions to insect bites/stings and food? (List)
_____
Is your child/ward taking any medication? _____

Medication Reason	Ailment
_____	_____
_____	_____
_____	_____

Any history of medical problems or special circumstances we should be aware of?
_____
_____

Medical Ins. Co. _____ Physician's Phone _____

This Medical Treatment Release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself or, in my absence, for the minor child/ward listed.

Signed _____
Printed Name _____
Phone _____
Address _____
City/Zip _____