

West Chester Track Club Waiver

Athlete's Name: _____

In consideration of the permission granted to the below named athlete by the West Chester Track Club (WCTC) to participate in any of its programs, I release WCTC and its agents from all actions, damages, claims or demands which I, my heirs, executors, administrators, or assignees may have against WCTC for all injuries known or unknown which the below named athlete may incur participating in WCTC programs. I also agree to release and hold harmless WCTC for any sustained damages. I also state that the registered athlete has been approved by a licensed medical physician to participate in WCTC programs. I authorize any medical exam, imaging, anesthetic, medical or surgical treatment, hospital care or emergency procedures, including life saving measures, to be rendered to the below named athlete when necessary.

I understand that if the registered athlete after committing to compete in any of the above meets and paying to compete at any of the above meets, is injured, the unused portion of my fees shall be refunded to me. I understand that if the parent, the athlete, or I choose of my own volition, to scratch from an event or meet for any reason, after I have declared my athlete and been informed of advancement, except in the case of injury, that the fees will not be refunded. I understand that if the WCTC pays to advance my athlete or me to the next round, and I or my athlete decides not to advance for any reason except injury, advancement fees will not be refunded.

I also understand that all members of the club and their families and supporters must show a high level of sportsmanship and ethics while representing The West Chester Track Club. Any behavior that is deemed by the club to be in violation of these ideals is grounds for removal from the club and any fees paid forfeited. Also, it is understood that The West Chester Track Club is a volunteer organization and expects all families to aid in the running of the club.

Parent/Guardian Signature: _____ **Date:** _____

Athlete's Signature: _____ **Date:** _____