

Seth Adams, Principal • John Gardiner, Assistant Principal

Athlete: _____ **Grade:** _____

(parent/guardian: please print out, sign and return to your athlete's Track Coach)

During the 2017 Cross Country season, your son/daughter may have the opportunity to participate in organized runs that will require them to run/walk as a group, under adult supervision, to sites in the proximity of their school, primarily the trails located immediately adjacent to I.M.S. Your signature below gives permission for their participation in these running/walking excursions during Cross Country. Coaches will continue to reinforce safe running, pairing up, sticking together and following all pedestrian rules during these organized off-campus runs.

Destination(s): The trails behind Issaquah High School; local streets in Issaquah.

Coaches: John Mejlender, Daley Landon, Dante del Pilar and Cathy Salmon

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a running/walking field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____ (print student's name) who attends Issaquah Middle School to participate in various running/walking field trips during the Cross Country Season 2017 for the purpose of athletic training and team building.

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity. I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of Parent/Guardian

Date

Work Phone

Printed Name of Parent/Guardian