

## LIABILITY WAIVER AND RELEASE

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named youth, I hereby consent for Emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I, the parent/guardian of the member, a minor, agree that I and the member will abide by the rules of the USATF and Speed Skills Track Club, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with track and field and in consideration for the USATF, and Speed Skills Track Club accepting the member for their programs and activities, I hereby release, discharge and/or otherwise indemnify the USATF, Speed Skills Track, the coaches/volunteers, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and all claim(s) by or on behalf of the member as a result of the participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

***I HAVE READ THE ABOVE WAIVER AND RELEASE, AND CONSENT FOR MEDICAL TREATMENT.***

By signing here I represent that I am the parent or guardian of the minor athlete on this form for the Speed Skills Track Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### MEDIA/PHOTO RELEASE

As the parent/guardian, I give permission for the Speed Skills Track Club to use my child's/children's name(s) or likeness(es) in print publications and/or on the Speed Skills Track Club's website and Social Media. This includes, but is not limited to: still photography, video, electronic and print publications and web-sites. I give this consent with no claim for payment. *Neither the athlete's(s') name(s) nor likeness(es) will be used for commercial purposes.*

\_\_\_\_ Check here if you DO NOT consent to the Photo Release.

By signing here I represent that I am the parent or guardian of the minor athlete on this form for the Speed Skills Track Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Athlete(s): \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_