Join the Running Club Team for our End of Season Celebration!

JUNE FUN RUN

On Monday, June 1st 4:00 at ***Blackwell Elementary***

There will be a 2 mile run and a 1 mile run. It will be partially on sidewalks and then into a wooded trail area. It will be low-key, low-stress, just for fun. Times will be provided if desired, and there will be refreshments following the run.

****Return this form to register by 5/15.****

Questions: Contact _____

Lake Washington School District # 414

PARENT/GUARDIAN

INFORMED CONSENT FORM

I hereby give my permission for, _____

(name of student)

who attends _____ Elementary to participate in the June Fun Run at Blackwell Elementary on Monday, June 1st from 4:00-5:00. I understand that this is not a mandatory activity and that as the parent/guardian of the above named child, **I am responsible for the transportation** of my child(ren). Additionally, I realize that running can be a strenuous activity and I acknowledge that I have verified with my child's physician that she/he can participate in running .

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As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor the Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address:_____

Student home phone no. _____Date of birth _____

Describe any medical condition, including allergies that could impact your child's participation in this activity:

☐ ☐None ☐ ☐See below

_____

_____

Parent/guardian name (please print)

_____ | _____ | _____

Parent/guardian home phone number **work phone number** **cellular phone number**

Willing to volunteer at this event? Circle if YES Willing to send in a food assignment? Circle if YES

In the event of an emergency (injury, illness, and unforeseen incident) the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____phone no. _____

I have read the information about the June Fun Run and understand that the school district will make every reasonable effort to provide a safe environment. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in this activity including physical injury, and/or other consequences.

_____

Signature of parent or guardian Date

Parent/Guardian signature is required before child can participate in activity.

9/01