



## Release Form

<input type="text"/>	<input type="text"/>	<input type="text"/>		
Athlete's First Name	Athlete's Last Name	Middle Initial		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Telephone #	Birth Date (mm/dd/yyyy)	Gender (m/f)		

In consideration for allowing the above named individual to participate in club activities and use the facilities, I acknowledge that there may be some risks involved. I hereby release the North Wake Track Club, Inc., its coaches, manager (s), officers, agents, sponsors and North Raleigh Christian Academy from any liability for injuries suffered by the named individual while under the instruction, supervision, or control of or upon the premises used by the North Wake Track Club or such other premises as may be used in its operation or programs, including transportation to and from activities: and I agree not to sue for any such injury.

I agree to provide for any medical expenses incurred by named individual as a result of any injury sustained while training or performing for the North Wake Track Club.

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)