



NAME: _____ Age: _____ Gender: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Grade in school: _____

Parent/Guardian Name(s): _____ Primary Event(s) – If any: _____

Do you have any injuries, allergies or other items that the coaching staff should be aware of: _____

If so, what:

As a member of the team you will receive your choice of shirt – 1) competition singlet or 2) team t-shirt

PICK ONE: T-shirt - Color (circle one): Red Blue Black _____ or Competition Singlet _____

Shirt Size (youth or adult): YS YM YL AS AM AL AXL AXXL

COSTS: \$125.00. 2nd family member = \$50.00, every additional family member \$25.00 \$25.00 discount to returning members.

Make Checks Payable to: Confluence Elite Track CLUB, LCSC, Attn: Mike Collins, 500 8th AVE, Lewiston, ID 83501

CONSENT AND RELEASE AGREEMENT

I am aware that participation in **CONFLUENCE ELITE TRACK CLUB (CETC)** may include activities that are risky and dangerous. Both the participant and their parent (s) / guardians (“I”) acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation has activities that bear risk and danger and from which bodily injury up to and including mortal injury, may occur. In consideration of Lewis-Clark State College, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, Lewis-Clark State College, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Confluence Elite Track Club. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family. I am aware that if I provide a vehicle not owned and operated by the college for transportation to, at, or from the Activity site, or if I am a passenger in such a vehicle, the College is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity activities, regardless if occurring before, during or after the period of the Activity. I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Program associated with the **CETC**. I understand that due to circumstances beyond the control of the staff of the CETC practice times could be delayed and/or cancelled. This can include but is not limited to construction, weather, other events scheduled at the facilities, etc.... I have read the entire Consent and Release Agreement and accept the conditions state herein as a requirement for myself and/or my child’s participation in this camp.

Signature of Camper: _____ Date: _____

Signature of Parent: _____ Date: _____