

HS DISTANCE CHALLENGE MEET WAIVER FORM

I hereby release Baker University, the Brocaw Blazers, the High School Distance Challenge, race sponsors and the meet director &/or officials from any and all liability arising out of any injury, illness or accident as well as any medical or dental expenses incurred by the participant as a result of participation in the High School Distance Challenge. I attest that the athlete is in good health and able to participate in the physical activity of a vigorous program. I agree that any damage to the university or the facility by the participant will be at the participant's expense. I also understand that any pictures or videos taken at the meet are the property of the High School Distance Challenge and may be used in conjunction with the promotion of future races.

ATHLETE NAME (PRINTED) _____
FIRST LAST

ATHLETE SIGNATURE _____ DATE _____
(Required)

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(if athlete is not 18 years of age) (Required)