

# Santa Clarita Track Club's Students Off And Running (SOAR)



## Coaches / Charity Runner Information Sheet

2016-2017

### Coaches Information

I would like to support Team 2017 as:

Name \_\_\_\_\_

Assistant Coach ( )

Address: \_\_\_\_\_

City / Zip \_\_\_\_\_

Charity Participant Only ( )

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### Personal Information

In case of emergency:

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Shorts Size: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

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#### THIS IS A RELEASE.

I acknowledge that I have read this release carefully and understand that this is an important, legally binding document. By signing this release, I am giving up any legal rights to file a lawsuit against The Santa Clarita Track Club, Inc. (Program), and activities therein including the SOAR program. I have requested to participate in SOAR as a coach organized by the Program. I certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program, including SOAR. In consideration of participating in SOAR, I agree on behalf of myself, my heirs, executors, administrators and assigns to voluntarily release, discharge, waive and relinquish the Program, it's officers, agents, employees, and volunteers (collectively the Santa Clarita Track Club, Inc including SOAR) from any and all actions for personal injury, property damage, or wrongful death arising as a result of engaging in the Program including the SOAR program. I further agree to indemnify and hold harmless the Program including SOAR from any liability or claim or action for personal injury, property damage or wrongful death which arise out of or relate to my participation in the Program, including SOAR, whether or not the liability, claim or action arises out of the negligence or carelessness on the part of the Program including SOAR. Additionally, I agree to allow myself to be included in any media coverage, group or individual photographs or related activities portraying the Program, including SOAR.

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

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