

ELITE RACING REGISTRATION FORM

Name _____ Grade ____ Age _____
Parent Name _____ Phone _____
Address _____ Zip _____
E-mail Address _____
Any medical/behavior conditions we should be aware of? _____

Allergies _____
Does your child take any medications? If yes, what type? _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Phone _____
Alternate Name _____ Phone _____
Doctor _____ Phone _____
Dentist _____ Phone _____

MEDICAL LIABILITY RELEASE FORM

In consideration for my child being permitted to participate in the Elite Racing Running Development Program as set forth above, I release and hold harmless Elite Racing, its agents, employers, employees, members, independent contractors, and any of its affiliates from any and all liability for injury to my child _____ or to property resulting from the negligence or other acts, howsoever caused, by any agent, employer, employee, member, or independent contractor of Elite Racing, or its affiliates, as a result of my child's participation in the Elite Racing Running Development Program. I further agree that I, my assignees, and legal representatives will not make a claim against, sue, or attach the property of Elite Racing, or its agents, employers, employees, members, independent contractors, and any of its affiliates, arising out of any such injury.

I understand that this program will involve motion, height and various physical challenges, and I hereby agree that _____ (child's name) may participate in such activities that could result in injury. I acknowledge that I have discussed with my physician the appropriateness of this program in connection with any illness or condition that my child may now have or previously had, and that I knowingly execute this release from liability and negligence.

I HAVE CAREFULLY READ THIS RELEASE FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN MYSELF AS PARENT AND GUARDIAN OF MY CHILD AND ELITE FITNESS AND ITS AFFILIATES, AND SIGN IT OF MY OWN FREE WILL.

Parent Signature _____ Date _____
Print Parent Name _____

EMERGENCY MEDICAL RELEASE FORM

In the event of an accident or illness, and the parent or emergency contact person, (as shown in this application) cannot be reached, I give Elite Racing and its authorized affiliates permission to consent on my behalf to medical care for my child, _____. With my signature, I acknowledge that I agree to the Medical Release statement as described.

Parent Signature _____ Date _____
Print Parent Name _____

****Return completed Registration Form, Medical Liability Form and Check Payable to: Elite Racing and Send to: 13578 Jadestone Way, San Diego, CA 92130**