Parental/Guardian Consent Form

______________________________________, a minor child, wishes to participate as an American Red Cross Event (4th Annual Run for the Red 5K). This American Red Cross event involves activities around the Nichols Arboretum of The University of Michigan. As the minor’s parent/guardian, I hereby consent to his/her participation in the 4th Annual Run for the Red 5K on April 2, 2016.

I am not aware of any physical or medical condition that would interfere with the child’s ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the American Red Cross permission to seek medical attention for the child.

I am aware that participation in the Run for the Red 5K is potentially hazardous and entails a risk of physical injury. I understand and agree I am permitting my child to participate at my own risk.


By signing or electronically entering my full name on this waiver, I affirm that I have read and understand it and agree with its contents.

________________________________________________________________________
Signature of Parent/Guardian                                               Date

________________________________________________________________________
Printed Name of Parent/Guardian

I understand that the child may be photographed during the course of the activity. I grant full and unlimited permission to the American Red Cross, and its agents and affiliates, to use the minor’s name, photographs or any other record of participation in this activity in any broadcast, telecast or other account of the activity for publicity purposes, without compensation, by placing my initials here. __________

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:
Name: ________________________________
Relationship to child: __________________
Home phone: __________________________
Mobile phone: _________________________
Office phone: _________________________

Parent/Guardian 2: (or Emergency Contact):
Name: ________________________________
Relationship to child: __________________
Home phone: __________________________
Mobile phone: _________________________
Office phone: _________________________

Child’s Physician:
Name: ________________________________
Office phone: _________________________