

GO THE DISTANCE RUNNING SCHOOL APPLICATION

Name _____

Address _____ City _____ State _____

Zip _____ Phone(____) _____

E-mail _____

School (**Fall 2015**) _____ Grade (**Fall 2015**) _____

T-shirt size (Adult sizes S-XL) _____ Gender: M _____ F _____

Best times: Mile _____ 5K _____ Current miles/week: _____

Parental Consent / Statement of Disclaimer

I, undersigned, hereby certify that I am the parent or legal guardian of the above athlete. I grant permission for my son/daughter to attend Go the Distance Running School. I verify that my son/daughter has had a physical exam in the past year and is capable to participate in the activities related to the running school. I agree to indemnify, hold harmless, and forever discharge the Go the Distance Running School, it's staff, agents, or employees, The Toledo Metroparks, and The Toledo Roadrunners for any and all liabilities, claims, and causes of actions from injury, loss or property damage caused to my son/daughter while at the running school. I hereby authorize any physician or trainer selected by the running school personnel to order and conduct medical treatment deemed necessary. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the running school's excess medical policy.

Parent/Guardian Signature

A deposit of \$50 is required with this application, and will NOT be refunded (unless enrollment is filled).

Please make checks payable to *Keith Madaras*

Return to:
Go the Distance Running School
Attn: Keith Madaras
P.O. Box 329
Pemberville, OH 43450