



Humboldt Parks & Recreation Department

Humboldt Rec Youth XC Clinic



Who: All boys and girls in 3rd-8th grade

When: The program is run on Sat. mornings Sept 26th – October 17th
Last day will be the Lions Club **Pumpkin Run**

Where: Sheldon CC Trail

Time: 9:00am-10:00am

Fee: \$15

Deadline: Thursday, Sept. 24th

Water bottles and other running accessory prizes will be given out on the second to last week of the program.

You can register by using the link below or turning in this form to the Rec Center

<https://tms.ezfacility.com/OnlineRegistrations/Register.aspx?CompanyID=6818&GroupID=2791873>

You will be notified about the schedule by Email.

Participant: _____ Grade: _____ Boy: _____ Girl: _____

Phone: _____ **Email** (Please Print Clearly): _____

Parent/Guardian: _____

T-shirt size (please circle one): Youth: Sm Med L XL **Adult:** Sm Med L XL

WAVIER FOR PARTICIPANT BY PARENT/GUARDIAN:

The undersigned, as the parent or legal guardian of _____ hereby give my consent and permission for said Participant to participate in athletic activities offered through the Humboldt Parks and Recreation Department. I further acknowledge that the Participant's physical health is adequate for the activities he/she is engaging in. As a condition of the above-named Participant participating in one or more youth athletic activities offered through Humboldt Parks and Recreation Department, the undersigned hereby acknowledges that such activities may involve the risk of injury to the Participant (and spectators), and voluntarily accept this risk for themselves and the Participant. I also certify that the Humboldt Parks and Recreation Department can use my child's likeness on their website, their Facebook page and other promotional material.

THE UNDERSIGNED, FOR THEMSELVES AND THE PARTICIPANT, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF HUMBOLDT, IOWA, ITS EMPLOYEES AND AGENTS, AND ALL SPOUSES, SUPERVISORS, OFFICIALS, AND VOLUNTEERS FROM ALL CLAIMS, DAMAGES, INJURIES, OR CAUSES OF ACTION OF ANY KIND ARISING OUT OF THE PARTICIPANT'S PARTICIPATION IN ANY ATHLETIC ACTIVITY OFFERED THROUGH THE HUMBOLDT PARKS AND RECREATION DEPARTMENT.

I certify that I have read and understand the above provisions.

Parent/Guardian Signature _____

OFFICE USE ONLY

Date: ___/___/'20 Amount: \$ _____ Cash/Check#: _____ Staff Initial: _____