Registration link: bit.ly/chhscolorrun2019

Parent/Guardian Assumption of Risk Agreement (2019)

Name of Activity: Clover Hill 5k Color Run for imPACT Virginia, Clover Hill High School, 3/16/19
Name of Runner:_____
EXPECTATIONS: I understand that the above named runner is expected and has instructed by me to:

1. Do exactly what he/she is instructed to do by supervising Faculty/Sponsors/Volunteers

INSURANCE: I understand that the Chesterfield County Public Schools may not carry insurance relative to the or for injuries to the runner.

Consent:
I request that the above named student be allowed to participate and specifically consent to his/her participation. If any medical procedures or treatment are required during the event, I consent to the event supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/her/their discretion.

I expressly agree to reimburse the Chesterfield County School Board, its individual members, agents, employees, and representatives, as well as event supervisors, for any losses, damages or injuries arising out of, during, or in connection with the above named Runner's participation in the event, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

ASSUMPTION OF RISK: I understand that this activity involves risk of injury or harm to my child, including possible serious bodily injury or death. I agree that I am solely responsible for determining if I or my child is physically fit and/or skilled for the race. I understand that my child will not be under observation and direct control at all times during the event. I understand that the School Board and it's employees, will not be financially responsible to me or my child if my child is harmed during this event.

In consideration of the Chesterfield County Public Schools permitting my child to participate in the Activity, I hereby agree to assume the risks, which may arise by or in connection with this run.

Date:_____ **Runner Signature:**_____

Parent/Guardian Signature (if runner is under the age of 18): _____

Contact Information for 3/16/19

Home Telephone Number:_____

Work/Cell Telephone Number:_____