



**Laurel Knighthawks
2023 Cross-Country Registration**



Runner Name: _____

Date of Birth: _____

Age on September 1, 2023: _____

Expected Graduation Year: _____

Runner Cell: _____

Player Email: _____

Father Name: _____

Father Cell: _____

Father Email: _____

Mother Name: _____

Mother Cell: _____

Mother Email: _____

Will you be ordering a Cross-Country jersey?

YES

NO

Knighthawks Cross-Country will use the same uniform as Knighthawks Track & Field in an effort to minimize costs. If you have a Knighthawks uniform from the 2023 Track & Field season, you may reuse it in lieu of ordering a new uniform. The shorts shall be solid black (any running / athletic shorts will be acceptable).

Medical Insurance Coverage:

Carrier: _____

Policy No.: _____

Allergies: _____

Have you been prescribed an epinephrine injector?
(e.g. Epi-Pen, Adrenaclick, Auvi-Q, Symjepi)

YES

NO

Have you been prescribed an inhaler (asthma)?
(e.g., Albuterol, Levalbuterol)

YES

NO

2023 Laurel Knighthawks Cross-Country Participant Name: _____

Initial Where Appropriate:

_____ I have read and understood the following liability / medical release.

As parent/legal guardian of the child named above, I do hereby fully release and discharge Laurel Knighthawks, its employees, agents, volunteers, servants, members and successors from any and all claims, demands, right, causes of action in law or equity, damages, expenses, costs of litigation and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of any kind, nature or description to person or property whether foreseen or unforeseen, direct or indirect, known or unknown, which may hereafter arise from or out of injuries and damages occurring during the aforesaid use of game/practice/camp facilities and/or during travel with the Laurel Knighthawks Cross-Country Team, agree to indemnify and hold harmless Laurel Knighthawks from same, Furthermore, I hereby give my permission to seek medical treatment in case of emergency and I assume the responsibility of all medical bills, if any.

_____ I have read and understood the following media / social media release.

I, the undersigned, do hereby grant permission to The Laurel Knighthawks to post my and/or my child's story, photo, or other item, hereinafter referred to as "Materials". I submit to and for The Laurel Knighthawks online media publications, social media accounts and print publications. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

_____ I acknowledge that my child is under the age of 18 and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials, will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

_____ I acknowledge that I am a player and that I am 18 years of age. Accordingly, I have read this release and consent to my inclusion in the Materials, will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this agreement.

Parent/Legal Guardian Signature (if participant is under age 18)

Date

Participant (if participant is age 18)

Date