

## Morgantown Running Club Program Registration

Athlete Name:	Male/Female:
Club/School:	Birthdate:
Parent(s) Name:	
Address:	
Home Phone:	Daytime Phone:
Email:	
	If yes, please list:
Are you on any medications? Yes No If yes, please list:	
Have you have any serious injuries/illnesses that	t we should be aware of? Please list:
Cash or check ONLY. Ple	ease make checks payable to Morgantown Running
athletic teams, field trips, and any other programs of (WVU) and other valuable considerations, the receipmyself and/or my child, my heirs, executors, administrators, and all directors, officers, agents, and LLC, WVU and all directors, officers, agents, and LLC, WVU jointly and severally, from any and all clever had, now have, or may have against any or a jointly or severally for all or personal injuries known arising out of my or my child's participation in but Morgantown Running, Heather 1, LLC and/or WV administrators and assigns to indemnify any, all or a from and against any and all actions, claims, demand attorney fees, which may at any time be incurred by Morgantown Running, Heather 1, LLC, and/or WVU	
Signature of Athlete:	Date:
Signature of Parent/Guardian:	Date: