



51 North Park Street • Lebanon, New Hampshire 03766
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Upper Valley Running Club Registration Form

PARTICIPANT NAME: _____ MALE / FEMALE: ____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

HOUSEHOLD E-MAIL: _____

***Please list any medical conditions, allergies, or restrictions that a coach/instructor/leader, or volunteer will need to know: (i.e. asthma, inhaler, allergies include nuts, penicillin, etc...)**

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

PLEASE INDICATE BELOW THE PROGRAM(S) YOU ARE REGISTERING FOR:

<u>PROGRAM NAME</u>	<u>PROGRAM FEE</u>
Upper Valley Running Club	<u>\$20.00/individual; \$35/household</u>
Upper Valley Running Club Donation (optional)	<u>\$ _____</u>

Visa, Mastercard, Discover accepted online or in-person. Checks may be mailed, payable to City of Lebanon

What are your personal goals/interests in the running club? Getting off the couch Improving speed
 Building distance Socialization Group runs Racing Gear discounts

Are you interested in volunteering for any of the following?

- Board of Directors Group Run Pace Captain Foliage 5 Race Committee
 Social Committee Race Events

WAIVER and PARENTAL PERMISSION FOR CHILDREN UNDER 18 YEARS OF AGE:

*The undersigned, being the participant or legal guardian of the participant listed above, gives permission to him/her to participate in the above named program(s). I agree that no claim will be made by the undersigned on behalf of the participant for personal injuries or other losses sustained by the participant as a result of participation in this program(s), and that in the event any claim is made for injuries or damages sustained by the participant as a result of participation in this program(s), I shall hold the City and the UVRC volunteers harmless from, and indemnify it against, any such claim including reasonable attorney fees incurred by the City or UVRC and its employees in connection therewith whether or not such claims result in litigation. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to the participant by a qualified physician in the event I cannot be reached. **From time to time, Valley News, CATV and other photographers attend Recreation & Parks Department activities and take photos or videos of program participants for publication (print, web, facebook). I permit the taking of photographs and video of participants during activities for publication and use for promotional purposes, unless the opt out line below is initialed.***

Signature (parent/guardian if participant is under 18) _____ Date _____

Photo and Video permission opt out:

I **DO NOT** permit photos or video of the above named participant for publication. Please initial _____