

2026 Crater XC Kid Camp Waiver

Runners name:

ACKNOWLEDGMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY AND RELEASE AGREEMENT FOR CRATER XC KID CAMP - I understand and agree that participation in the sport of cross country is physically demanding and may involve foreseeable and unforeseeable risks and hazardous activity which may be dangerous and involve the risk of injury. I understand and acknowledge that Crater High School and the Central Point School District are not an insurer of my son/daughter's participation in the Craterxc Kid Camp and assume no liability whatsoever for personal injuries to my son/daughter or to third persons arising out of my son/daughter's participation in the camp. I give my son/daughter permission to participate in the camp with knowledge of the risks involved and hereby agree to assume and accept any and all risk of injury or other damage or loss from such participation. In consideration of allowing my son/daughter to participate in the camp, I hereby release, waive, covenant not to sue, indemnify and hold harmless Crater High School and the Central Point School District, along with its directors, employees, and agents, from any and all liability, claims (including but not limited to claims for attorneys fees), demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my son/daughter and arising out of or related to his/her participation in the camp. Further, I agree to indemnify and hold Crater High School and the Central Point School District, along with its directors, employees, and agents, free and harmless from any and all liability, losses, damages, costs, expenses (including but not limited to attorneys fees), claims, actions, demands and injury of whatever nature caused to third parties, whether to person or to property, by my daughter's negligent or intentional acts or omissions while participating in the camp. I understand that my son/daughter is responsible for following the safety guidelines established by the coaches and camp staff and for exercising caution and common sense at all times to avoid injury. I certify that my daughter is in good health and has no physical condition that would prevent her participation in the camp. I consent to emergency medical treatment for my son/daughter in the event such treatment is required, authorize camp staff and/or emergency personnel to treat my son/daughter if they deem it medically necessary for her health or well-being, and agree that I am solely responsible for any medical expenses arising from any such treatment. I have carefully read these terms and understand their content and am aware that this Agreement constitutes a release of liability, and that this Agreement shall bind me and my personal representatives, heirs, and next of kin. This Agreement shall be governed by Oregon law. I acknowledge and agree that the release of liability set forth in this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion hereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Parent Name:

Parent Signature

Date