



Summer Program (June 15-August 27, 2021)

I, the undersigned, the parent and/or legal guardian of _____ (athlete) acknowledge that the athlete is receiving valuable instruction and experience by their involvement with North Idaho XC ("NIXC"). I hereby grant permission for the athlete to play, compete, train, and otherwise participate in, but not limited to, clinics, camps, fundraising, volunteering, social activities, travel (private, public, and commercial transport by ground, air, and water-based vessels), and other activities sponsored by NIXC.

I recognize that participating in NIXC programs can be physical and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the athlete as a result of my child training and participating in training with NIXC. I waive any and all liability against NIXC, its officers, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors/suppliers, the school districts, and the owners/operators of any facility utilized by NIXC, and release and discharge the same, from any claim, loss, injury, cost, damage, or expense incurred or sustained by or on behalf of the athlete as a result of the athlete's participation in NIXC. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers, and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the athlete or his/her family/guardian(s).

I grant permission for NIXC, its coaches, volunteers, board members to authorize medical or dental treatment for the athlete by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the athlete. On-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization include admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to NIXC are non-refundable. I understand that participation in NIXC is done in accordance with the acceptance of this permission, authorization, release, and waiver. The permission for participation and authorization for medical treatment is effective for four (4) months after the date of my signature (Participation Period). The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

