SPACE COAST COUNTDOWN TO FITNESS

10-week program starts on February 24, 2018

Final Mile on May 5, 2018

Viera High School

Hosted By: Running Zone Foundation

Registration for Countdown to Fitness

Please register your child for the Space Coast Countdown to Fitness program, open December 16, 2017 until February 1, 2018.

Amenities

- School team t-shirt
- Mileage tracking sheet
- Milestone prize every 5 miles
- A finisher medal at the Final Mile on May 5th

Register online at **www.countdowntofitness.org** or fill out this form and return to your school commander

Minor's Name(First & Last):_____ School:_____

Commander:_____ Phone:_____ Email: _____

Address:_____ City:_____ State:____ Zip:_____

Sex (Circle One): Male or Female Date of Birth: ___/___/_____ Age:_____

Shirt Size (Circle One) Youth Small Youth Medium Youth Large Youth X-Large Adult Small

OFFICIAL WAIVER

I, the undersigned, am the parent or legal guardian of the minor child whose name appears below. I know that running is a potentially hazardous activity. I know that the minor child should not run unless medically able and I by reading this waiver am being advised to seek the opinion of a competent medical provider prior to my child's participation in this activity. I agree to abide by any decision of the program director relative to the minor child's ability to safely complete the risks associated with running in this program including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or track, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, on my behalf and the minor child's behalf, waive and release Running Zone Foundation, the School Board of Brevard County, its officers, directors, agents, employees, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director to consent to and authorize any medical care or treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant permission to all of the foregoing to use any email addresses, photographs, motion pictures, recordings, or any other record of this for any legitimate purpose. I understand that personal music players are not allowed for use in this program, and I will ensure the minor abides by this guideline.

_____ _____ _____

Print Parent/Guardian's Name | Parent/Guardian Signature | Date

Emergency Contact Phone Number _____

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