

PHOTO/VIDEO RELEASE

I give my permission for my child to be photographed and or videotaped. I understand that photographs and videos may be used by the Front Runners Track Club Organization on our site and social media as well as possibly a variety of sports media.

Parent/ Guardian Signature

INSURANCE INFORMATION

Please fill in the following information that applies or attach a front/back copy of the athlete's insurance card.

Athlete's Name:

Insurance Provider:

Policy Holder:

Identification

Group:

Group #:

Insurance Address _____

Insurance Phone #

EMERGENCY CONTACT

In case of an emergency or sickness, how may we reach a parent or guardian?

Name Relationship

Name Relationship

Name	Relationship
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