

RUN CLUB 2019-2020 SEASON

Run club will be on Tuesdays and Thursdays from 7:45am-8:30am starting October 15th- Feb 27th.

Reminders:

- **Meet at the basketball courts**
- **Make sure to bring a water bottle**
- **Bring a snack for after practice and before school**
- **If you would like to volunteer, please fill out the adult waiver that is attached in the packet. I will need about 4 Volunteers per day. Please let me know which day or both.**

If you have any questions, please contact Tove Aaronson at 425-985-8374 or email at tove.aaronson@gmail.com

Please turn in the below portion, Run club payment (Cash or check made out to Seaside PTA), t-shirt order form and waiver(s) by Friday Sept 27th 2019

Parents Name: _____ Phone #: _____

Email: _____

Parent's Signature _____ Date _____

Students Name _____ Students Gender _____

Teacher _____ Grade Level _____

ADULT PARTICIPANT / VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT
Between *Seaside Elementary Run Club* and _____

(hereinafter "the participant/volunteer")

PARTICIPANT WAIVER: I voluntarily agree to participate in PTA Unit sponsored events and activities held during the school year. I recognize that the PTA Unit has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the PTA Unit sponsored events and activities. I recognize that these risks will vary based on the event and activity, and understand it is my responsibility to be aware of the risks before participating. I attest and verify that I am mentally and physically fit and able to participate in PTA Unit sponsored events and activities. By my signature below, I hereby state that I understand there are risks involved in participating in PTA Unit sponsored events and activities and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members and volunteers for injury sustained and liability incurred during my participation in PTA Unit sponsored events and activities.

VOLUNTEER WAIVER : This section sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer's participation in volunteer programs partially or wholly coordinated by the PTA Unit during the school year.

The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer's services are not controlled nor mandated by the PTA Unit.
2. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
3. The volunteer agrees to waive and release the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer's service and to hold the PTA Unit harmless there from.
4. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
5. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
6. In projects where the volunteer will be transporting others in a non-PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
7. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.
8. I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service.

By signing below, I confirm that I have carefully read this document and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Signature: _____ Date: _____

Printed Name: _____ Email: _____

TORRANCE UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN DISTRICT VOLUNTARY FIELD TRIP OR OTHER ACTIVITY
PARENTAL PERMISSION ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name: _____ has permission to participate in the following field trip/activity:

Destination/Nature of Activity: _____
(Please be specific, e.g. Trip to ___ Museum)

Special Instructions: _____
(e.g., Bring sack lunch)

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Person in Charge: _____ Position: _____ School: _____

Type of Transportation: School Bus Walking Other: _____

Health or special needs: Check as appropriate

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip/activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

Signature (Parent/Guardian) (Please print name) Work Phone () _____

Home Phone () _____

Student's Signature Student's Date of Birth

Your medical insurance carrier: _____ Policy #: _____

In the event of an emergency, please contact:

Name Relationship Work () _____
Home () _____
Cell () _____



YOUTH TEE (FRONT)



YOUTH TEE (BACK)

T-SHIRT ORDER FORM

ORDER INFORMATION (A COMPLIMENTARY t-shirt is provided to all run club members with their participation fee.)

YOUTH TEE SIZE	S (6/7)	M (8)	L (10/12)	XL (14/16)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT NAME

DATE

TEACHER

ROOM #

EMAIL

PHONE (MOBILE)

PAYMENT INFORMATION

Return order form and run club payment to Tove Aaronson.

FOR SEASIDE USE ONLY

DATE DELIVERED

THANK YOU FOR SUPPORTING SEASIDE RUN CLUB!



RUN CLUB
2019-2020
Season

**Come Join the Fun and
Run with us!**

**Tuesday and Thursdays
7:45-8:30am**

Starts oct. 15th thru Feb. 27th

1st-5th grade

\$40 per chid

T-shirt and Tracking Program included

**Pick up and Turn in Packets in the
Office DUE by Friday Sept 27th**