COMPANION RUNNER ENTRY FORM

PRINT OR TYPE

COMPANION'S FIRST NAME: LAST:		TELEPHONE NUMBER: ( )
ADDRESS:		**NAME OF VISUALLY IMPAIRED ATHLETE**:
CITY: ZIP:		T-SHIRT SIZE : S M L XL XXL (Adult Sizes)
AGE ON RACE DAY (if under 21): _____ Companion runners over 21 need not complete the remainder of the form with the exception of signature. SEX: ____M ____F GRADE: _____	SCHOOL SYSTEM:_____ SCHOOL:_____	CLASSIFICATION: For Office Use Only ***TRACK***: ___V1 ___V2 ***FIELD***: ___V1 ___V2
MEDICAL INSURANCE COMPANY: NAME:_____ POLICY#:_____	EMERGENCY CONTACT: NAME:_____ PHONE NUMBER:_____	

This permission form has been signed only after understanding and considering the following:

GUMBO: This program is a track and field competition for visually impaired or physically impaired students ages 5-22. Participants with disabilities will compete against other athletes in the same age and disability classifications. Visually impaired athletes (V1 & V2) may participate with a sighted, guide runner, hereafter called companion runner.

SUPERVISION: All competition and training events will be regulated according to *the GUMBO Handbook, Official Rules, Policies and Procedures Governing Athletic Competition for the Physically Disabled.* All events will be supervised by trained GUMBO officials.

REQUIREMENTS: Companion runners have been approved by a trained classifier or coach.

EXPECTATIONS AND INSTRUCTIONS: I understand and appreciate that participation in sports, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including aggravation of my disability. I also understand and appreciate that controlling that risk is a responsibility that I, as a participant, must share. I agree to abide by any decision by the coaches or of any event official relative to my ability to safely compete in the events. I assume all risks associated with participation in this competition, but not limited to falls, contact with other participants, being struck by objects, the effects of the weather, including heat and/or humidity or if I become ill or suffer any other personal loss while participating in this activity. I understand that alcohol, tobacco, or any illegal drug use will **not** be tolerated at any GUMBO function.

CONSENT FOR MEDIA REPRODUCTION: I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

MEDICAL VERIFICATION AND CONSENT: We, parent and/or guardian and contestant, attest that the applicant is physically able and that this contestant's physical condition has been verified by a licensed, medical doctor, and we consent to any need medical treatment for contestant.

INSURANCE: I understand that the Department of Education, Division of Educational Improvement and Assistance, Louisiana GUMBO Inc., and Families Helping Families at the Crossroads does not or may not carry any insurance relative to the Louisiana Games Uniting Mind and Body (GUMBO) or for the injuries of participants. I represent that the participant has insurance or other medical coverage.

PARENTAL/GUARDIAN CONSENT: I release and waive, and further agree to identify, hold harmless or reimburse the Department of Education, Division of Educational Improvement and Assistance, GUMBO Inc., Families Helping Families at the Crossroads, Louisiana Elks Association, all sponsors, the individual members, agents, employees and representatives thereof, as well as coaches or supervisors, from and against any claim which I may have, known or unknown, directly or indirectly, for any loss, damages or injuries arising out of, during, or in connection with my child's participation in the Louisiana Games Uniting Mind and Body (GUMBO) as a companion runner.

Signature: *Parental signature is required for companion runners under the age of 21.*

RETURN TO: Pam Carey; 2840 A Military Hwy, Pineville, LA 71360
FAX: 318-640-4299

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Companion Runner or Parent/Guardian if under 21 years Date