



303 Dryer Ave. | Daphne, Ala. 36526 | 251.338.6300 | www.baysideacademy.org

BATTLE OF THE BAY WAIVER & REGISTRATION FORM

Last Name: _____ First Name: _____

School: _____ Sex: M F

Grade: 6 5 4 3 2 1 K PK

Official Use Only Bib #: _____

I know that running a cross country race is potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature I certify that I am medically able to perform this event, am in good health and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participating in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risk associated with running or walking in this event, including but not limited to: fall, contact with other participants, the effects of the weather, including high heat and/or humidity, conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting entry, I, for myself and anyone entitled to act on my behalf, waive and release Bayside Academy, their employees, administration, and volunteers, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my 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.

*Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

*Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

**Only one signature of parent/guardian required*