

Run Your Life Family Activity Release Form

Please fill out and mail it to:

Run Your Life, PO Box 1263, McHenry, IL 60051

Questions? Please email runyourlife@sbcglobal.net or call
(815) 861-5074. Thank you!

Family Name(s) _____

Members: _____

Parents/Guardians: _____

Children: _____

Schools Attending: _____

Address: _____

Phone #: _____ Cell(s) _____

Parent/Guardian(s) email _____

Emergency Contact: _____

Phone _____

I give the above listed family members (parents/guardians, and children) permission to participate in Run Your Life Programs. I/we assume all risks of participation and waive all liability of instructors, volunteers, participants, outside contractors and businesses, Run Your Life, and McHenry School District 15. I also grant permission for first aid/emergency treatment to be administered to my child.

Parent/Guardian Signatures (all must sign)

Date