

Eddie Hart All In One Foundation & Pittsburgh Unified School District



Olympian Track Clinic Registration Form

Clinic Participants, Parents, and Coaches are Free!!!

If additional information is needed, contact Eddie Hart at 925 518-9983, or contactus@eddiehartaiof.org

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____ School Attending _____

Name of track coach (if applicable) _____

Date of Birth _____

Liability Release (Must be signed by participants or if under the age of 18, a parent, legal guardian or coach must sign. Please use black or blue ink pen.

I understand that the Eddie Hart All In One Foundation (EHAI OF) and/or the Pittsburg Unified School District (PUSD) may photograph or videotape events in which I (or my child) am participating. I hereby grant permission to the EHAI OF and/or PUSD to use such photographs or videos of me (or my child) for the purpose of promoting their clinic and related services/programs. I understand that no compensation will be provided to me (or my child) for the use of my (or my child's) likeness, either now or in the future.

In consideration of acceptance of this entry, for myself (or my child), heirs, executors or administrators. I hereby **WIAVE** and release any and all rights and claims for damages I (or my child) may have against the EHAI OF and/or APUSD and any other sponsoring or coordinating organization of the clinic, their agents, representatives for any and all injuries sustained by me (or my child) during the clinic or in any other activity including transportation to and from the clinic, related directly or indirectly to me (or my child) participating in said clinic.

The undersigned has read the release form and procedures set forth within, in consideration of participation in the clinic, agrees to indemnify and hold harmless, and release the EHAI OF and/or PUSD from any and all liability for any injury which may be suffered by the above-named individual registered in the clinic arising out of or in any way connected with _____ the participation in the clinic. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND AND THAT I ASSUME ALL RISK FOR MY (and or my child) INJURIES RECEIVED.

Signature of Participant

Signature of Participant's/Parent/Guardian/Coach

Date

* Please print, sign and present at the event.
Thank you.