



2019 Fall Flag Football Clinic Registration

Player Name: _____

Age: _____ DOB: _____

Parent/Guardian: _____

Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact/Phone: _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity sponsored or approved by Pro Performance, LLC, and for any injuries which myself or my children/wards may sustain while on the premises of Pro Performance, LLC located at 460 Mylan Park Lane, Morgantown, WV 26501 or in any other facility utilized by Pro Performance, LLC and go, remise, release and forever hold harmless Pro Performance, LLC and their officers, agents, employees, coaches, independent contractors and/or team managers from any actions, suits, damages, claims, or judgments, that may result from any personal injury that myself and/or my children/wards may sustain while on the premises of the said facility, or while using the equipment of Pro Performance, LLC, or while engaged in any activities sponsored by Pro Performance, LLC. I also understand that Pro Performance, LLC is held harmless and will not issue credit in the event that I or my minor child, the attendees, cannot attend due to illness, injury, hazardous road conditions, severe storm, flooding, wind, war or other acts of God or any unforeseen occurrences that could frustrate the whole or any part of this event and/or schedule. I understand that Pro Performance, LLC does not provide health and/or accident insurance. I assume full and complete responsibility for any and all medical and/or dental bills arising out of my or my child's participation in the Pro Performance, LLC sponsored activity, and hereby agree to indemnify and hold harmless Pro Performance, LLC and its parties from any and all liability associated with my or my child's participation in clinics/camps.

I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for Pro Performance, LLC and its associates or contracted health care provide to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns. I agree to allow photographs taken of myself and/or my children/wards to be used in any marketing/advertising publications by and for Pro Performance, LLC.

Participant's Signature (Parent/Guardian if under 18)

Date

Please complete and return this form with a check for total amount of \$60.00 made payable to:
Pro Performance Rx 460 Mylan Park Lane, Morgantown, WV 26501