

**Parkersburg South Track & Field Skills Clinic**  
Registration and Liability Waiver

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Assumption of Risk and Release of Liability:**

The undersigned as a participant or parent/guardian do hereby acknowledge/understand there are potential risks of physical injury, harm or death with exercise and I willfully assume those risks. I acknowledge my obligation to immediately inform Parkersburg South Track & Field of any pain, discomfort, fatigue or symptoms that I may suffer before, during or immediately following all sessions. I understand that I may stop or delay any further training if I so desire and that the training may be terminated by the trainer upon observation of any symptoms of distress. I also understand that I may ask any question or request further explanation of information about the exercises at any time before, during and after all sessions. I hereby expressly assume the risk and waive and release any and all claims against Parkersburg South Track & Field or any of its officers, agents, or employees, with regard to activity and participation in any of its programs and any resulting injury, disability, death, or other damage, claim or loss arising in connection with this participation, whether arising out of negligence or otherwise.

**Use of Likeness by Parkersburg South Track & Field:**

In signing this release, I am agreeing to allow the use of my photograph and likeness for the Parkersburg South Track & Field website, social media pages, advertising, and research purposes.

**If participant is under the age of 18:**

I am signing on behalf of a minor child. I have read the above terms and conditions and give my full permission for the staff of Parkersburg South Track & Field to administer any first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical care and transportation of the child to an appropriate medical facility.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send liability waivers and any questions to:

Jason Jones – Head Boys Coach (304) 290-2142 [jasonwv13@gmail.com](mailto:jasonwv13@gmail.com)

Megan Jones – Head Girls Coach (304) 290-2785 [mega.c.jones@k12.wv.us](mailto:mega.c.jones@k12.wv.us)