



LEARN BY DOING TRACK & FIELD CLINIC

at Gerhard Fieldhouse, Bucknell University

Thursday, February 25, 2016 — 4:30 PM—6:30 PM

Open to all high school athletes and coaches.

Instruction will be given in sprints, hurdles, middle distance, long distance, high jump, triple jump, long jump, pole vault, shot put, discus and javelin.

Free of charge.

Please arrive by 4:20 pm with signed waiver [on reverse side of paper]

Vaulters should bring your own pole.

Boys should bring your own plastic shot puts and rubber discus.

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NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

HIGH SCHOOL _____

PLEASE SEE WAIVER ON REVERSE SIDE OF PAPER.

Bucknell

Statement of Informed Consent & Proof of Personal Medical Insurance

Event: Learn by Doing Track & Field Clinic

I, _____ (camper name), recognize that certain risks and dangers exist through my participation in this athletic activity. These risks include personal injury and the loss or damage to personal property, due to activities that are inherent in sports.

I understand that Bucknell University, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter "releases") shall assume no responsibility or liability for me for accident, illness or loss or damage of personal property. I acknowledge and do hereby assume all risks inherent in the use of Bucknell University's athletic facilities and in connection with this activity, and I for myself, heirs, executors, administrators and assigns do hereby expressly release and discharge the releases from all claims, demands, liability actions or judgments of any kind whether caused by the negligence of said releases or otherwise which I now have or in the future against said releases or any of them arising out of my participation in this recreational activity.

I certify that to the best of my knowledge, I am in good physical health and am therefore able to participate in the athletic activity. Further, I understand and accept that if I become physically injured it is my responsibility to provide payment for any medical services rendered.

In case of illness or injury, I may need medical attention and authorize the medical staff for this activity to act for me and obtain whatever medical treatment necessary. Every effort will be made to contact the parent/responsible guardian through the team's coach.

Finally, I recognize that my participation in this recreational activity is of my free will, such that, I may cease continued participation in the athletic activity at my discretion and at any point.

My signature on this document certifies that I have personal medical insurance and that I understand the risks and terms involved in participation. Further, I understand that if I am under eighteen (18) years of age I am required confirmation of this agreement by my parents or guardian

Participant Signature Date

Parent/Guardian Signature Date

PERSONAL MEDICAL INSURANCE

YES

NO

**All campers must have insurance coverage under their parents or guardian in order to participate.

Name of Personal Medical Insurance Provider: _____

Policy Number: _____

Group Code: _____

Subscriber's Name: _____