

Summer Pride Registration 2021

The Athlete's Course

Price: **\$40**

Location: **Lexington Public Schools athletic facilities**

Summer **Session: July 12th-30th 2021**

Payment and General Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip code _____

Fathers Name _____ Phone Number _____

Mothers Name _____ Phone Number _____

Emergency Contact: name and phone

Sport _____ Age _____

Insurance Company _____ Policy # _____

RELEASE OF LIABILITY

In consideration of my participation in The Athlete's Course, I do hereby, for myself, release and discharge The Athlete's Course and all personnel thereof for all claims or damages, demand, action or whatsoever in any manner arising or growing out of my participation at The Athletes course. I attest and verify that without endangering my health, hereby release The Athlete's Course from any liability now or in the future. Including, but not limited to heart attacks, muscle strains, pulls, broken bones, shin splints, heat prostration, knee/lower back or foot injuries or any other illnesses, soreness or injury however caused, occurring during or after my participation in the exercise program. If, in fact, an injury that requires emergency medical attention occurs, I reserve the right for The Athlete's Course to take action through medical facilities in the area. The Athlete's Course reserves the right to discontinue an athlete's program at any time for any reason. I have read the information in full, and to the best of my ability understand the information above.

SIGNATURE FOR RELEASE OF LIABILITY

Participant _____ Date _____

Parent or Guardian _____ Date _____