



MITCA Student Session Participation Waiver

To be completed by Parent/Guardian of participating athlete and brought to the MITCA Student Clinic Registration

I hereby authorize the staff of the MITCA Student Clinic to act on my behalf according to their best judgment in any emergency requiring medical attention and I waive and release the clinic, it's staff, the Michigan Interscholastic Track Coaches Association (MITCA) and the Okemos Public Schools from any and all liability for any injuries or illnesses incurred while at the clinic.

- I understand that with the nature of activities, injuries including bodily harm, paralysis and even death are possible and I will cover all expenses incurred.
- I have no knowledge of any physical impairment that would affect the below named participant's activities in this clinic.
- I understand that track & field involves dangerous activities and that there are inherent risks of property damage, bodily injury and even death associated with participation *even when techniques as instructed are performed correctly.*

I, therefore, agree to waive, release and hold harmless the: sponsors of this clinic, the instructional staff, authorized volunteers, Okemos HS, the Okemos Public Schools and MITCA, their directors, officers, employees and agents from and against all loss or claim of bodily injury and property damage that may arise out of this clinic.

In addition, I grant the sponsors permission to use any video or photographs of myself/my child in clinic related activities for the purpose of advertising and/or other coaching/educational productions.

Athlete Name (print) _____

Athlete Name (signat.) _____

Guardian Name (print) _____

Guardian Name (signat.) _____

Emergency Contact (print) _____

Emergency Contact ph# _____

Medical Insurance Co. _____

Policy Number _____