



Jump Start Speed Clinic Waiver Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____ Cell. Phone# _____

Email _____

Name of Parent/Guardian _____

School _____ Grade _____

In case of EMERGENCY, PLEASE CONTACT:

Name & Phone# _____

I, _____, understand that participation in, and the movements involved with, Lee Taft Athletic Consulting Speed Clinic carries with it a risk of injury. Therefore, I hereby waive and release Lee Taft Athletic Consulting Speed Clinic any and all liability for any injuries or illness incurred while at Lee Taft Athletic Consulting Speed Clinic. Lee Taft Athletic Consulting Speed Clinic will not be held liable for any medical expenses incurred while my child, _____, is at Lee Taft Athletic Consulting Speed Clinic. I, hereby, authorize Lee Taft Athletic Consulting Speed Clinic to act for me in any emergency requiring medical attention. In lieu of a medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my child's participation in the camp program.

Parent/Guardian Signature

Date

*Please return waiver with payment of \$20 by November 3.

**Return to:

Greenwood High School
Coach Bill Torgerson
615 Smith Valley Road
Greenwood, Indiana 46143