

## HAWAI'I STRENGTH COACHES CLINIC 2012 REGISTRATION FORM

Last Name:

First Name:

Address:

City:

State:

Zip:

Emergency Contact:

Relationship:

Home Phone:

Emergency Phone:

Email:

T Shirt Size:

Check all that Apply:

HHSAA School:

NSCA-CSCS

NSCA-CPT

ATC

Physical Therapist

Personal Trainer

Other

Please make checks payable to:

University of Hawai'i Athletics

Send payment to: Hawai'i Strength & Conditioning

1337 Lower Campus Rd. Honolulu, HI 96822

In consideration of being permitted to participate in the clinic, I agree to follow all oral and/or written instructions. Further, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained as a result of my participation in the clinic. I for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions resulting in property damage or personal injury or illness of death arising from my participation in the clinic or growing out of or caused by any acts or omissions during my participation in the clinic.

Signature

Date