Olympic Track and Field Clinic

February 16, 2008

8 AM - 12 PM

De La Salle High School, Concord

- A special opportunity has been given to youth and high school track and field athletes!
- Space is limited to ensure personal instruction.
- This clinic offers specialized "learn by doing" instruction by world-class athletes and coaches

Events: High Jump / Discus / Pole Vault / Long Jump

Here are the maximum participants that will be accepted in each event for the clinic:

Discus 10 Pole Vault 20 High Jump 30 Long Jump 20

SIGN UP NOW TO GUARANTEE YOUR SPOT!

Here are some of the coaches that will be instructing:

Amy Acuff - 3-time Olympian in the High Jump (personal best = 6 feet, 7 inches)

Suzy Powell-Roos - 2-time Olympian in the Discus and American Record Holder (personal best = 222 feet)

<u>Tye Harvey</u> - 2004 Olympic Alternate in the Pole Vault, 2001 World Indoor Silver Medalist (personal best = 19 feet, 5.25 inches)

Brian Da Cuhna - All-American Pole Vaulter at the U. of Florida (personal best = 17 feet, 6 inches)

Stephanie McCann - All-American Heptathlete and 2004 Olympic Pole Vaulter (personal best = 14 feet, 5 inches)

<u>Date: Saturday, February 16, 2008</u>
<u>Time: 7:30am Registration</u>
<u>8:00am - 12:00pm Clinic</u>

Cost: \$50 Make checks payable to: De La Salle High School

How to register:

- 1. Fill out medial authorization form.
- 2. Circle desired event for the clinic.
- 3. Fill out forms and check and send to: De La Salle High School

Attn: Kevin Selby

1130 Winton Drive

Concord, CA 94518

<u>What's included:</u> General warm up, specific event drills and hands on learning in the pole vault, high jump, discus, and long jump. General strength, medicine ball and plyometric drills will be discussed in these event areas. Students will participate and be instructed by coaches.

For more information or to register, please contact: Kevin Selby - selbyk@dlshs.org or (925) 288-8151

EMERGENCY MEDICAL AUTHORIZATION

De La Salle High School and Tri-Valley Athletics, Inc. feel it desirable to provide school officials with the parents or guardians' permission to sign the necessary authorization for emergency medical treatment if it becomes necessary. It is understood that in all cases the officials will attempt to secure the advice of the parents by telephone before using the authorization given by this form. This authorization is similar to that which number of parents furnish to friends or relatives who care their children may be left. The substance of this form has been discussed with the offices of John Muir Hospital, who think it would expedite medical care in the event that a boy or girl is injured at some distance from home.

Our Permission is hereby given to De La Salle High School and Tri-Valley Athletics, Inc. to authorize by his/her signature,

whatever medical or surgical treatment may be considering necessary, or advisable, by the physician or nurse in attendance in the event of an accident or medical emergency involving, while this boy or girl is participating in a track and field clinic hosted by De La Salle High School. Parent /Guardian (please specify) Date Home number work number cell number e-mail address Parent /Guardian (please specify) Date work number cell number e-mail address Home number Home address Person and phone number to be contact in case of emergency and parents are unavailable Family Physician _____ Phone Number _____ Medical Insurance _____ Medical # _____ Signature of Parent/Guardian _____ Date

PLEASE INDICATE THE EVENT YOU WANT TO PARTICIPATE IN BY CIRCLING ONE OF THE FOLLOWING:

Pole Vault Long Jump High Jump Shot Put

DE LA SALLE HIGH SCHOOL/TRI-VALLEY ATHLETICS, INC.

MINOR ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

In consideration of being permitted to participate in any way, in any De La Salle High School of Concord or Tri-Valley Athletics, Inc. activity ("Activity") I, for my child, their personal representatives, assigns, heirs, and next of kin:

- 1. Acknowledge, agree, and represent that I understand the nature of the Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue my child's further participation in the Activity.
- 2. Fully understand that: (a) athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these risks and dangers may be caused by my child's own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES my child may incur as a result of their participation in the Activity.
- 3. Hereby release, discharge, and covenant not to sue, De La Salle High School of Concord or Tri-Valley Athletics, Inc., its officers, agents and employees, Michelle and James Doggett, their families, agents and employees, any current or past member of the Board of Directors of Tri-Valley Athletics, Inc., the State of California, City of Livermore, Pleasanton, San Ramon, Stockton; Alameda, San Joaquin and/or Contra Costa Counties and the municipalities in which any such activity is conducted, including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, the USA Track and Field Associations, including its coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and suppliers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by De La Salle High School of Concord or Tri-Valley Athletics, Inc., (each considered one of the "ReLeasees" herein)from all liability, claims, demands, losses, or damages on my or my child's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations, negligent security, travel, and recreational operations and activities; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, my child or anyone on our behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Agreement to Participate

In the event of accident or injury to my child or in the event of illness of my child while in, on or about the premises of De La Salle High School of Concord or Tri-Valley Athletics, Inc. or while participating in any activity sponsored by or under the auspices of De La Salle High School of Concord or Tri-Valley Athletics, Inc. under circumstances where I am physically unable to consent, I, grant to the Directors, Assistants, or assigned agents of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of any De La Salle High School of Concord or Tri-Valley Athletics, Inc. event or hospital or other medical facility. I understand that should a health emergency arise, my child's emergency contact will be attempted to be notified, however if none can be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Releasees stated above.

I hereby authorize De La Salle High School of Concord or Tri-Valley Athletics, Inc. or its agent to allow the reproduction, dissemination, and/or publication of my child's name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with their participating in any Tri-Valley Athletics, Inc. event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from their participation in this event, nor will I receive any payment for the possible commercial use of their name or likeness.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT:	PHONE:
PRINTED NAME OF PARENT/LEGAL GUARDIAN:	
PARENT/LEGAL GUARDIAN SIGNATURE:	
DATE:	

(Only fill this form out if you are an adult who has discussed participation in the clinic with Kevin Selby.)

DE LA SALLE HIGH SCHOOL/TRI-VALLEY ATHLETICS, INC.

ADULT ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

In consideration of being permitted to participate in any way, in any De La Salle High School of Concord or Tri-Valley Athletics, Inc. activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. Acknowledge, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. Fully understand that: (a) athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
- 3. Hereby release, discharge, and covenant not to sue, De La Salle High School of Concord or Tri-Valley Athletics, Inc., its officers, agents and employees, Michelle and James Doggett, their families, agents and employees, any current or past member of the Board of Directors of Tri-Valley Athletics, Inc., the State of California, City of Livermore, Pleasanton, San Ramon, Stockton; Alameda, San Joaquin and/or Contra Costa Counties and the municipalities in which any such activity is conducted, including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, the USA Track and Field Associations, including its coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and suppliers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by De La Salle High School of Concord or Tri-Valley Athletics, Inc., (each considered one of the "ReLeasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations, negligent security, travel, and recreational operations and activities; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

Agreement to Participate

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PARTICIPANT'S SIGNATURE:			DATE:				
ADDRESS:_							
	(Street)	(City)	(State)	(Zip)			