

AT RISK OF PERFORMANCE ENHANCEMENT

MCCLURE



SPORTS

M.A.R.A Football Speed & Agility Program 7/8-7/31, 630-745pm @ Arthur Goodman Park

- OPEN TO ANY M.A.R.A FOOTBALL STUDENT-ATHLETE WANTING TO HAVE FUN & TRAIN WITH THE BEST SPEED PROGRAM IN NORTH CAROLINA!
- 4 WEEK, 8 SESSION MCCLURE SPORTS SPEED & AGILITY PROGRAM DESIGNED TO PREPARE MARA ATHLETES FOR THE FOOTBALL COMBINE AND THE BEST SEASON EVER!
- TUESDAY'S & THURSDAY'S STARTING JULY 8 THRU JULY 31 FROM 630-745PM AT ARTHUR GOODWIN PARK
- THIS PROGRAM IS LIMITED TO 48 ATHLETES. A 2ND GROUP MAY BE ADDED IF INTEREST LEVEL WARRANTS.
- \$80/ATHLETE FOR 4 WEEK PROGRAM. PAY ON-LINE THRU MARA SPORTS WEBSITE
- BRING WAIVER, CLEATS & WATER TO EACH SESSION
- QUESTIONS? MCCLURE@XPESPORTS.COM

Parents name: _____ Athletes name: _____

Phone number: _____ Parents Email: _____

Athletes email(if applicable): _____ Age: _____ Grade: _____

Program signing up for: _____

T-shirt: Yes ___ No ___ (T-shirt- Grey \$20; Cammo \$25) T-shirt size: _____

Amount \$ enclosed: \$ _____



INFORMED CONSENT

Thank you for choosing to use McClure Sports, LLC., services, or programs of **Josh McClure**. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following agreement.

I _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by **Josh McClure** and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services, programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive. **(please initial _____)**

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service or program of **Josh McClure**, brings with it my assumption of those risks or results stemming from this choice and fitness, health, awareness, care and skill that I possess and use. **(please initial _____)**

I further understand that the activities, programs and services offered by **Josh McClure** are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services. **(please initial _____)**

I recognize that by participating in the activities, facilities, programs and services offered by **Josh McClure**, I may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising trainer of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. **(please initial _____)**

I understand that I may ask any questions or request further explanation of information about the activities, facilities, programs and services offered by **Josh McClure**, at any time before, during or after my participation. **(please initial _____)**

I understand that law prohibits me or anyone I am associated with to copy, forward, translate, modify, post or distribute any of the services associated with **Josh McClure** and **McClure Sports, LLC**. Failure to comply will result in legal action. Any breach of this agreement, the parties agree that liquidated damages are \$10,000 per violation. **(please initial _____)**

I declare that I have read, understood and agree to the contents of this agreement in its entirety.

Signature _____ Date _____

Trainer/Witness (printed) _____ Initials _____

LIKENESS RELEASE POLICY

The undersigned hereby irrevocably consents to and authorizes the use by McClure Sports, LLC, its officers and employees, of the undersigned's image, voice and/or likeness as follows: McClure Sports, LLC shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in McClure Sports, LLC products or services, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. McClure Sports, LLC may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent McClure Sports, LLC in its promotional and advertising materials as described above.

Please indicate your agreement to the foregoing by signing below.

Signature _____

Print Name _____

Email Address _____

Date _____

If you are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity McClure Sports, LLC has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____

Print Name _____

Email Address _____

Date _____

REGISTRATION & T-SHIRT ORDER

Athletes Name _____ Phone Number _____

Parent's Email address _____ Year _____

T-shirt Yes _____ No _____ Size _____

Color: Grey- \$20 _____ Camouflage- \$25 _____