

SPEED MECHANICS CLINIC – MARSHALL CANNON

ATHLETIC PARTICIPATION WAIVER, CONSENT & RELEASE FORM

June 2021

The undersigned in my capacity as parent and legal guardian of

_____ ,
(Child's name)

hereby consent to his/her participation in the Speed Mechanics Clinic offered by Marshall Cannon. Furthermore, I hereby acknowledge that there are inherent risks associated and accompanied with the above stated sport/activity and that the child named above may be injured as a result of an accident arising out of participation in the named activity. In consideration for permitting the individual named above to participate in the Speed Mechanics Clinic, the undersigned releases and holds harmless Marshall Cannon, the Lane Field Track facility and/or any employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to, liability for injuries or damages sustained by the individual during participation.

Print _____

Sign _____ Date _____
Parent/Guardian

Print _____

Sign _____ Date _____
Parent/Guardian

Please provide a phone number for emergency and email for confirmation.

Phone _____

Email _____

SUBMIT FORM