

UNIVERSITY OF NEW HAMPSHIRE
TRACK AND FIELD COACHING CLINIC

WAIVER FORM

Participant's Name: _____

Address: _____

I understand what the aforementioned activity involves and believe that the aforementioned person is in proper mental and physical condition to participate. I assume all of the risks and responsibilities arising from participation, and do for myself, my heirs and personal representatives hereby hold harmless, indemnify, release and forever discharge the Division of Athletics, the University of New Hampshire, and their officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of property damage, physical injury, or death which may occur during the period of participation. In the event of emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital personnel designated by the Department of Athletics to provide medical attention to the aforementioned person, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of my personal coverage. I have read and fully understand this release statement.

Signature _____

Date _____