



### **Athlete Release and Waiver**

**POLICY: Monthly pole vault clinics must be obtained in advance via our online registration process.** Registrations must also be done for each subsequent month you are interested in attending, and may be done months in advance. Check our website for monthly pricing. Choose the days/times that fit your schedule best. Contact for pricing if starting in middle of the month. If wanting to come for single clinics here and there you must always contact us the day before to make sure that we have space in a clinic. First dibs on clinic times always goes to those signing up for the entire month. The single clinic price is \$60. Clinic fees are due the first clinic of the month with a \$10 late fee after the 15th. "Private Clinics" are also available for beginners to advanced, at \$135 per person/per clinic, or \$90 per person/per clinic for multiple persons. Call for larger private clinic pricing, your location or ours.

Clinics typically last 1.5 to 2 hours. — Monthly fees apply to that month only. — There will be no refunds for no-shows. — Credits given when we cancel, however no credits given during unlimited clinic months. — Bring your own poles (if possible), we have poles if needed. — Bring running flats, 1/4" spikes (if possible), and something to drink. — Be prepared for weather conditions. — No refunds if dismissed for disciplinary or injury reasons.

### **Parental Consent / Waiver**

I, or we, hereby grant permission for my child to attend the Shealy Athletics/Rusty Shealy Pole Vault Clinics. I, or we, verify that my child has had a physical exam in the past year and is capable of participating in the activities relating to the camp. I, or we, agree to indemnify, hold harmless and defend Russell W. Shealy, Shealy Athletics, Rusty Shealy Pole Vault LLC, property owners, host schools and coaches and/or their respective officers, agents, representative, successors, and/or assigns from any and all liability for injury to my child, as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I, or we, hereby authorize any physician or trainer selected by clinic personnel to order and conduct medical or surgical procedures necessary. In addition, I, or we, hereby grant permission for Shealy Athletics and/or Rusty Shealy Pole Vault to use athlete's name, photographs and/or videotape of related clinic activities for advertising or educational purposes in any media production.

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Coach \_\_\_\_\_  
Best meet vault \_\_\_\_\_ Second best meet vault \_\_\_\_\_  
Health and Accident Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent or Guardian Name(s) Printed \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_  
Parent Email \_\_\_\_\_ Date \_\_\_\_\_

Please email Entry Form/Athletes Release to [Rusty@ShealyAthletics.com](mailto:Rusty@ShealyAthletics.com), mail to: Rusty Shealy 121 Crockett Road, Columbia, SC 29212, or bring with you when you come. Only one entry form needed per academic year.