PERFORMANCE COURSE

WAXAHACHIE HIGH SCHOOL
SUMMER
2018 DEVELOPMENTAL

IMPROVE ATHLETICISM. DEVELOP CHARACTER. BUILD LEADERS.

WWW.PERFORMANCECOURSE.COM

WAXAHACHIE HIGH SCHOOL - SUMMER 2018 DEVELOPMENTAL

PROGRAM DETAILS

Course Name: Summer 2018 Developmental

Location: Waxahachie HS Weight Room, 1000 Dallas Hwy, Waxahachie, TX 75165

Dates & Days: 06/05/2018 - 07/26/2018, Monday, Tuesday, Wednesday, Thursday

No PC week(s) of: 07/02/2018 - 07/06/2018

Time: 9:00 AM - 10:30 AM

Recommended for males, grade 6th - 8th

Please visit performancecourse.com for more information and program details.

PAYMENT INFORMATION

Course Fee: $200 **; Late Registration Fee:** $220 after June 1, 2018

TOTAL TUITION $ _____

Apparel (write quantity per size)

T-shirts $25 each *Mark quantity in size

S ____ M ____ L ____ XL ____ XXL ____ (Adult) S ____ M ____ L ____ (Youth)

Athletic Shorts $30 each *Mark quantity in size

S ____ M ____ L ____ XL ____ XXL ____ (Adult) S ____ M ____ L ____ (Youth)

Athletic Drawstring Bag $15 Qty _____

TOTAL APPAREL $ _____

TOTAL AMOUNT DUE $ _____

REGISTRATION FOR WAXAHACHIE HIGH SCHOOL SUMMER 2018 DEVELOPMENTAL

Name _____ Grade _____ Gender _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact _____ Emergency Phone _____

RELEASE OF LIABILITY

I hereby waive and release for myself and my heirs, any and all rights or claims I may have against the Performance Course, Inc. (PCI), any affiliates or subdivisions of Performance Course, Inc., any school of facility in which Performance Course, Inc are conducted, and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness airing out of or in anyway connected with my participation in the Performance Course, Inc. I further agree to indemnify and hold harmless of each said persons or property which may arise by virtue of my participation in the Performance Course, Inc. I understand there are certain risks and dangers associated with all activity involved in the Performance Course, Inc and the use of the facility. Injuries can and do occur during Performance Course, Inc. I hereby grant permission for trainers, doctors and their designees to administer appropriate medical care, antigens or injuries, and to perform emergency procedures as necessary. Participant, or guardian of participant, agrees to waive any claim against PCI for any damage, loss, cost, expense or liability resulting from performing (or failing to perform) any duties or functions, and PCI IS HEREBY RELEASED FROM LIABILITY TO THE PARTICIPANT OR HIS PARENTS FOR ANY AND ALL DAMAGES, LOSSES, COSTS, EXPENSES, AND LIABILITIES ARISING OUT OF ANY INCIDENT TO OR RESULTING FROM SUCH PERFORMANCE OR FAILURE TO PERFORM, EVEN THOUGH CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER BY ACT OF OMISSION OR COMMISSION), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF PCI.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATED TO INFECTIOUS DISEASES

By participating in any activities, events, or programs offered through Performance Course ("Performance Course"), I acknowledge and agree to the following assumption of risk and waiver of liability related to infectious diseases.

Assumption of Risk:
I understand that participation in any activities, events, or programs offered through Performance Course may expose the participant to the risk of contracting infectious diseases, including but not limited to viruses, bacteria, and other pathogens, such as COVID-19. Despite any preventive measures implemented by Performance Course, including sanitation protocols, it is impossible to entirely eliminate the risk of exposure to infectious diseases in any public setting.

Waiver of Liability:
In consideration of being permitted to participate in activities, events, or programs offered through Performance Course, I hereby waive, release, and discharge Performance Course, its officers, directors, employees, agents, volunteers, and representatives from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, illness, or death, including those resulting from the contraction of infectious diseases, that may be sustained by a participant as a result of such participation, whether caused by the negligence of Performance Course or otherwise.

Performance Course ("Performance Course") cannot guarantee that you or your child(ren) will not become infected with infectious diseases. Further, attending Performance Course could increase your risk and your child(ren)'s risk of contracting infectious diseases. By signing this agreement, I acknowledge the contagious nature of infectious diseases and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by infectious diseases by attending Performance Course and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by infectious diseases at Performance Course may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Performance Course employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in

connection with my child(ren)'s attendance at Performance Course or participation in Performance Course programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Performance Course, its employees, agents, and representatives, and any schools or facilities where Performance Course programs are held, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to infectious diseases. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Performance Course, its employees, agents, and representatives, whether an infectious disease infection occurs before, during, or after participation in any Performance Course program. Finally, I acknowledge and understand that if my child or I are found to have contracted an infectious disease or have symptoms of an infectious disease, or if the training facility closes or delays opening due to an infectious disease, I and my child(ren) will not be allowed to complete the program and will not be entitled to a refund of the fees paid for the Performance Course program.

VIDEO/PHOTO RELEASE

I hereby give permission for images of the participant, captured during the Performance Course, Inc (PCI) program listed through video, photo and digital camera, to be used solely for the purposes of PCI promotional material and publications, and waive any rights of compensation or ownership thereto.

Signing the guardian signature states that you understand and agree to the terms of the Release of Liability and Video/Photo Release.

Guardian Signature _____ Date _____

Signature must be in place in order for child to participate - NO REFUNDS

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

Performance Course, PO Box 882 Allen, TX 75013

Phone: 214-383-4444 • Fax: 214-383-4631 • info@performancecourse.com

REGISTER ONLINE AT PERFORMANCECOURSE.COM

NO REFUNDS

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INJURY/MEDICAL HISTORY

Please include any previous medical issue, injury and/or surgery that we should be aware of prior to the course starting.

*****Completion of injury/medical history does not take the place of directly (face to face) informing the Performance Course Coach of any injuries or needed modifications. If your athlete is under the care of a physician, please have your child speak with their PC Coach on the first day of training and continuously communicate as the course progresses.*

☐ There is no injury or medical information I wish to include at this time.

_____ Parent/Guardian Initials

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NO REFUNDS