  
Adult Open Play Clinics

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number and Contact that can be reached during the clinic in case of emergency:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the risks involved with participating in the Adult Open Play Clinics sponsored by Melissa McCarthy Training Academy, LLC.

I verify that I have had a physical recently and may participate in all the activities of the Adult Open Play Clinics. I verify that I have no physical impairments/disabilities that make me prone to injury. I understand and acknowledge that in the case of illness, accident or injury, I will be evaluated by and receive medical treatment from emergency response personnel. I understand that there will not be an athletic trainer on site of competition. I further agree that Melissa McCarthy Training Academy, LLC, its agents and employees, shall be held harmless for injury, death or damage to property that occurs while I am participating in the clinic, except that which can be shown as negligence on the part of the LLC or its representatives.

I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services that result from any injury sustained while participating in the Adult Open Play Clinics.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Above Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_