

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Home Phone: _____ - _____ - _____

Grade (Fall 08) _____ Gender _____

Emergency Contact:

Emergency Phone:

_____ - _____ - _____

Site Location: _____

Site Time: _____

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., any affiliates or subdivisions of Performance Course Inc., any school of facility in which Performance Course are conducted, and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising out of or in anyway connected with my participation in the Performance Course. 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. I understand that there are certain risks and dangers associated with all activity involved in the Performance Course and the use of the facility.

Performance Course (PC) provides student insurance coverage free of charge for all of our students who are involved in Performance Course. This coverage is secondary to any coverage that you may have. You must file on your primary policy first, pay any deductible and then the Performance Course policy second. Once your primary insurance has been paid, then the remaining expenses, up to the maximum benefits allowed, will be paid by the secondary policy. If you do not have primary insurance coverage, the PC insurance will only pay the maximum benefits allowed. There is no guarantee that all medical expenses will be covered. You are responsible for any remaining expenses left uncovered or unpaid. Signing the Guardian signature states that you understand and agree to the terms of the release of liability and the secondary insurance coverage.

Guardian Signature _____

Date _____

***Signature must be in place in order for child to participate.