

# 2016 Oregon Football

## Coaches Clinic – March 31 and April 1, 2016

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_

### Payment Plan (*check one*)

Single Coach - \$60

Group Rate (3 or more coaches) - \$50/coach

### Payment Method

Cash

Check/Money Order

Amount Enclosed \$ \_\_\_\_\_

Make Payable to: **Oregon Football Coaches Clinic**

*\*All checks returned NSF will be assessed a \$30 fee*

Credit card payments must be made online at: <https://campregistrationsystems.com/oregon-football/2016-coaches-clinic>

Return to:

**Oregon Football Coaches Clinic**  
**2500 Martin Luther King Blvd**  
**Eugene, OR 97401**

Or fax to:

**(541) 346-5033**

### Other Coaches Attending with Group:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**UNIVERSITY OF OREGON  
GENERAL RELEASE OF LIABILITY, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE  
OREGON FOOTBALL COACHES CLINIC**

This Release of Liability, Assumption of Risk and Agreement Not to Sue ("Agreement") is made by the undersigned who is a participant in the OREGON FOOTBALL COACHES CLINIC (the "Activity").

In consideration of my being permitted to participate in (the "Activity"), **I acknowledge and accept the risks inherent in the Activity as set forth below.**

Date(s) of Activity: March 31 – April 1, 2016

Description of Activity: **Instructional Clinic for Coaches-Oregon Football**

Assumption of Risk. Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, travel-related injuries/illnesses and heat-related illnesses 2) major injuries such as eye injury or loss of sight, bone fractures, joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including amputations, paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my participation in the Activity.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

In consideration for being permitted to participate in the Activity, **I release the State of Oregon, the Oregon University System, the State Board of Higher Education and the University of Oregon and all their respective officers, employees, agents, and volunteers (the "Released Parties") from any and all liability, negligence, and expense in any way resulting from, related to, or arising out of my participation (or the minor child's participation) in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.**

I further promise not to sue the Released Parties and agree to hold them harmless with respect to any and all claims, liability and expense, including those set forth in the preceding paragraph, in any way resulting from, related to, or arising out of the Activity.

I understand that my participation in the Activity is completely voluntary and that participation is not required by any of the Released Parties. I declare that **I am eighteen years of age or older**, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

**I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

I hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Clinic and my participation in the Clinic and to use my image, voice and /or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

Name of Participant (please print legibly): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_