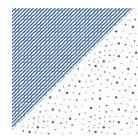




REGISTRATION FORM • NEVADA STATE CLINIC • NOVEMBER 10, 2018

Name	NSCA ID			
Address	City	Stat	eeZip)
Phone	Email			
Emergency Contact Name		P	hone	
T-shirt Size:	☐ Medium ☐ Larg	ge 🗖 X Large [□ XX Large	
	Thru Oc	et 30 After	Oct 30*	
NSCA Member Rate	\$80	\$1	120	
Student Rate	\$25	\$	35	
Non-Member Rate	\$100	\$1	140	
account based on the cancellation poli	icy fees.			
Payment Method (USD)				
☐ Cash ☐ Check (payable to N	ISCA) VISA	☐ MasterCard	☐ America	n Express
Account #		CVC Code	Exp.	
Signature:				
Name on Card				



NSCA SPD PROGRAM

DURING EVENT FORMS

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of me being permitted to participate in any way in the NSCA Strength & Conditioning or Personal Training Activities ("Activity"), I agree:

- 1. I understand the nature of **Strength & Conditioning or Personal Training** activities and believe I am qualified to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. I FULLY UNDERSTAND that: (a) Strength & Conditioning and Personal Training Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.
- 3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS NSCA, any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name	Signature	Date
capabilities and believe the minor to be quali	N AGREEMENT Inderstand the nature of the above referenced activities and to fied to participate in such "Activity." I hereby release, dischard HARMLESS each of the Releasees from all liability, claims, or	ge, covenant not to sue and
negligent rescue operations, and further agree against any of the above Releasees, I WILL \ensuremath{IN}	e been caused in whole or in part by the negligence of the R se that if, despite this release, I, the minor, or anyone on the r IDEMNIFY, SAVE AND HOLD HARMLESS each of the Release ny Releasees may incur as the result of any such claim.	ninor's behalf makes a claims
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

