

Throwers Clinic

by Andy Vince

owner of Throwscoachflorida.com

- Former British Director of Throws
- Great Britain Under 23 National Team Head Coach
- Scottish Team National Coach
- Manager of the Scottish National Track & Field Academy
- British Junior Record Holder in the Shot Put - 2 times
Junior British National Champion
- Former Junior Decathlete
- Senior United Kingdom Shot Put Champion
- Record Holder, Indoor Shot Put/Outdoor Shot and Discus
throw at Murray State University USA
- Throws and Jumps Coach – Murray State University &
Southern Illinois University

Saturday, February 28, 2015

at Covington Catholic High School, Park Hills, Ky

Shot Put 8:30 till 11:30 AM

Discus 12:30 till 3:30 PM

12 Athletes limit per clinic for high school athletes

\$50.00 per athlete per clinic

Please make checks payable to Throws Coach Florida

fill out form below and mail to : TCF, 43 Leathers Rd, Ft. Mitchell, KY 41017

Athlete name _____

address _____

phone _____

Parent/Guardian name _____

INFORMED CONSENT have been informed that Coach Florida (TCF) will not be responsible for damages, accidents or injuries that may happen to the agents, servants, employees, or property of any of the party or persons who are participating in this request, including limited to those causes which results from the negligence User, its agents, servants, TCF or that of the and said User hereby releases the TCF, its employee agents from and agrees to indemnify it against any and all for any such cause which results in injury. This assumption includes environmental theft and contagion risks in add risk associated with use of the center's equipment and fee and to include any location where TCF services a video. Alterations to this Liability Agreement will not are not permitted unless expressly authorized by the of TCF . I hereby apply for permission for use of TCF s facilities. I understand that this application is subject to with approval of the Throws Coach Florida owner. I understand participation may be suspended or terminated TCF owner I am in violation of the facility rules, regulations and policies that I conduct myself in a manner management deems inappropriate or disruptive or false representation of information contained this application not be entitled to any refund of program i am responsible for any outstanding balance due. I under that the training times and services as scheduled are sub approval TCF and subject to change at any time by discretion of the owner. I grant the TCF and all sponsors the /photograph or videotape me and further to use my face, likeness, voice appearance in connection with publicity, advertising and motional materials I reservation or limitation. I further will not seek retention for such photos and publicity, T(all s] are, however, under no obligation to exercise said right granted.

Print Participant Name _____

Signature of Participant or Parent/Legal Guardian if under 18 years of age (sign below)

date _____

