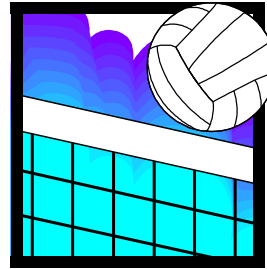


2009 Summer Youth Volleyball Clinic



WHAT? A volleyball skills clinic
WHY? Because it's so much fun!!
WHO? Age 11-18, any skill level

Please bring a sack dinner on Saturday,
there will be a 30 min. break for
dinner.

WHEN/TIME? Saturday, July 18, 3:30pm - 8:30pm
(Sign in, skill evaluation, welcome, dinner break, drills)
Tuesday, July 21, 6:30pm- 8:30pm (drills)
Thursday, July 23, 6:30pm – 8:30pm (drills)
Saturday, July 25, 4:00pm - 8:30pm
(drills, scrimmage, dinner break, awards and pictures)

WHERE? Lockheed Martin Sports and Fitness Building (Located on Bryant Irvin)
COST? \$70 on or before July 6th for guests, \$65 for LM Employees or Affiliates
\$75 after July 6th for all
HOW MANY? Limited enrollment! Sign up today

For more information, email Ginny Flusche at virginia.flusche@lmco.com
or visit www.lmra.org/volleyball/volleyball.html

Please cut on line. Keep the top part for your records and mail in the bottom part and the waiver form.
You will only be informed if you child does NOT get into the clinic.

Childs Name : _____ Age : _____ M F

Did your child attend the clinic last year? Yes No

If "Yes", what skill level: Beg Int Adv

T-Shirt (Adult) Size : S M L or (Youth) : M L

Parent Name: _____

E-mail _____ (will only be used for Clinic information)

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Make Check Payable to LMRA and Mail to :
(please include phone & drivers license # on checks)

Ginny Flusche
9113 Hialeah Circle South
North Richland Hills, TX
76180

RELEASE AND WAIVER OF LIABILITY FOR MINOR

Lockheed Martin Recreation Association ("LMRA") offers fitness, exercise, recreational, athletic, and other facilities, courses, pools, and fields on site as well as at Lockheed Martin Aeronautics Company ("Aero") premises (together, the "Facilities") for individuals who may, on a voluntary basis, desire to use them. LMRA also offers recreational programs, classes, sports leagues, clubs, and other leisure or exercise activities (together, the "Programs") for individuals who desire to participate in them on a voluntary basis. In consideration of being offered these benefits, I, as the parent or legal guardian of the below-listed minor (the "Minor"), on behalf of myself, Minor, and Minor's, family members, next of kin, heirs, legatees, executors, administrators, and assigns:

1. Acknowledge that I am the parent or legal guardian of the Minor and that I have the authority to sign this release and waiver on behalf of Minor.
2. Acknowledge and agree that I and Minor freely and voluntarily desire, and Minor is physically able, to use the Facilities and participate in the Programs. I further acknowledge and agree that I and Minor will inspect the Facilities before Minor uses them and before Minor participates in the Programs and, if at any time I or Minor believe the conditions to be unsafe when using the Facilities or participating in the Programs, Minor will immediately discontinue such use and/or participation and we will advise LMRA. I understand the risks associated with Minor's use of the Facilities and participation in the Programs and acknowledge that it is my sole responsibility to obtain a medical examination of Minor prior to Minor's use of the Facilities or participation in the Programs.
3. Fully understand that (a) Minor's use of the Facilities and participation in the Programs involves **RISKS AND DANGERS OF FUTURE ACCIDENT, LOSS, DAMAGE, PERSONAL INJURY, ILLNESS, OR PERHAPS DEATH (the "Risks")**; (b) the Risks may be caused by Minor's own actions or inactions, the actions or inactions of others using the Facilities or participating in the Programs, the condition or maintenance of the Facilities, the nature of the Programs, or **THE NEGLIGENCE, ACTS, OR OMISSIONS OF THE "RELEASEES" NAMED BELOW**; (c) there may be other risks and losses associated with using the Facilities or participating in the Programs either not known to me and Minor or not readily foreseeable at this time; and (d) **I, ON BEHALF OF MYSELF AND MINOR, FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I OR MINOR MAY INCUR IN THE FUTURE AS A RESULT OF MINOR'S USE OF THE FACILITIES AND PARTICIPATION IN THE PROGRAMS.**
4. **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** to the maximum extent permitted by law Lockheed Martin Corporation, Lockheed Martin Aeronautics Company, Lockheed Martin Recreation Association, their predecessors, successors, heirs, assigns, owners, attorneys, affiliates, parent corporation, subsidiaries (whether or not wholly-owned), component units, divisions, partners, officers, directors, agents, employees, former employees, servants, executors, administrators, accountants, investigators, insurers, contractors, and each of them, in any and all capacities, (collectively, the "Releasees") from all future liability, claims, demands, losses, or damages, whether known or unknown, on my or Minor's account caused or alleged to be caused in whole or in part by **MINOR'S USE OF THE FACILITIES AND PARTICIPATION IN THE PROGRAMS OR THE NEGLIGENCE, ACTS, OR OMISSIONS OF THE RELEASEES**; and I further agree that if, despite this Release, I, the Minor, or anyone on my or Minor's behalf, makes a such claim against any of the Releasees, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
5. Acknowledge and agree that (a) the LMRA staff members are not licensed physicians; (b) it is therefore my sole responsibility to decide whether to consult with a physician of my choice before Minor's use of any Facilities or participation in any Programs; (c) although LMRA has assisted, or may assist, me in making such decision by, for example, providing me with physical activity readiness questionnaire (PAR-Q) or similar forms to complete, I am not relying in any way on any statements or representations by LMRA or the other Releasees regarding Minor's physical fitness or readiness to use any Facilities or participate in any Programs but am instead relying on my own judgment and (if I so decide) my consultation with a physician of my choice; and (d) it is my and Minor's sole responsibility to comply with any physician-placed restrictions on Minor's ability to use any Facilities or participate in any Programs.

MY SIGNATURE CONFIRMS THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS TERMS. I FURTHER CONFIRM THAT I HAVE SIGNED THIS RELEASE ON BEHALF OF MYSELF AND MINOR FREELY, KNOWINGLY, AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, DURESS, OR PRESSURE FROM THE RELEASEES OF ANY NATURE. THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN ME, MINOR, AND THE RELEASEES CONCERNING ITS SUBJECT MATTERS AND SUPERSEDES ANY PRIOR AGREEMENTS OR UNDERSTANDINGS BETWEEN THE PARTIES RELATED TO ITS SUBJECT MATTERS. IN SIGNING THIS RELEASE, I AM NOT RELYING ON ANY STATEMENT OR REPRESENTATIONS FROM ANY RELEASEES OTHER THAN CONTAINED IN THIS RELEASE. I INTEND FOR THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE MAXIMUM EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PROVISION OF THIS RELEASE IS HELD TO BE INVALID, THE REMAINING PROVISIONS SHALL CONTINUE NOTWITHSTANDING IN FULL FORCE AND EFFECT.

Printed Name of Minor

Minor's Date of Birth

Date Signed

Printed Name of Parent/Guardian

Signature

Relationship to Minor

Emergency Contact

Telephone

Relationship to Minor