

REGISTRATION FOR Coaching by Andy Liebner

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Alt Phone			
Interested in:			
Ski Coaching Specific	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Run Coaching Specific	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other... such as diet and strength	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

COMPETITIVE HISTORY AND RESULTS			
Team competed for:			
From	To	Did you enjoy it?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Best Result:			
Distance:	Time:	Could you have done better?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Favorite Race:		Address	
Distance:	Time:	Want to do it again?	YES <input type="checkbox"/> NO <input type="checkbox"/> When?

MILITARY SERVICE	
Branch	From To
Rank at Discharge	

MEDICAL ISSUES
Do you have any known medical disabilities Andy should be aware of? YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes,
Please explain:

- o Fall-

- o Winter

ADDITIONAL INFORMATION

DISCLAIMER AND SIGNATURE		
<p>I certify that the facts contained in this registration application are true and complete to the best of my knowledge. In consideration of being allowed to participate in any exercise plan released by Andy Liebner and such, related events and activities, the undersigned acknowledges, appreciates, and agrees that:</p> <ol style="list-style-type: none"> 1. There is risk of injury from the activities involved in this program; even potential for permanent injuries and/or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Andy Liebner, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date	
<p>Mail \$365 payment to:</p> <p>Andy Liebner 4474 Longpoint Dr. Cheboygan, MI 49721</p>		