

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
TOP -TRAINING FOR OUTSTANDING PERFORMANCE PROGRAM**

For and in consideration of the opportunity to participate in the Training for Outstanding Performance ("TOP") Program offered by Gundersen Clinic, Ltd. d/b/a Gundersen Lutheran Sports Medicine ("Gundersen Lutheran") on June 15, 2009 through July 24, 2009, the undersigned, for himself or herself, and for his or her heirs, executors, personal representatives, next of kin, agents, and assigns:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Gundersen Lutheran, participants, advertisers, rescue personnel, owners and lessees of premises used to conduct the Event, together with their respective affiliates, trustees, directors, officers, agents, servants, employees and representatives (collectively referred to as "RELEASEES"), FROM ALL LIABILITY, TO THE UNDERSIGNED, his or her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
2. HEREBY AGREES TO INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS the RELEASEES FROM ANY LOSS, LIABILITY, DAMAGE, OR COST the UNDERSIGNED may incur arising out of or related to the EVENT whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
4. HEREBY acknowledges that the ACTIVITIES OF THE EVENT ARE POTENTIALLY DANGEROUS, and may involve the risk of serious injury including, but not limited to, bodily injury, fractures, partial or total paralysis, eye injury, blindness, heat stroke, heart attack, disease strains, and/or death and/or property damage.
5. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the Event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

Signature Date

Signature of Witness Date

REGISTRATION

Sessions will be held June 15 through July 24, 2009. Call today, space is limited.

Cost:

Three days per week session - \$350

Two days per week session - \$275

\$50 discount per student of Gundersen Lutheran employees, returning participants, or if more than one child participating per family.

Session: MWF

Please choose first and second choice:

8-9:30 a.m. 9-10:30 a.m.

Session: M/W

Please choose first and second choice:

7-8:30 a.m. 10-11:30 a.m. 1-2:30 p.m.

Session: T/TH

Please choose first and second choice:

7-8:30 a.m. 8-9:30 a.m. 9-10:30 a.m.
 10-11:30 a.m. 1-2:30 p.m.

To register, send the following information, along with registration fee made payable to:

Gundersen Lutheran Sports Medicine

Attn: TOP Program

Kim Victora - NC1-002

3111 Gundersen Drive

Onalaska, WI 54650

**or call
(608) 775-8945**

Upon receipt of your registration form, a confirmation letter will be mailed to your home.

Name: _____

Age: _____ School: _____ (MS or HS)

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

Phone: _____

T-shirt (circle adult size) S M L XL

I participate in the following sports:

