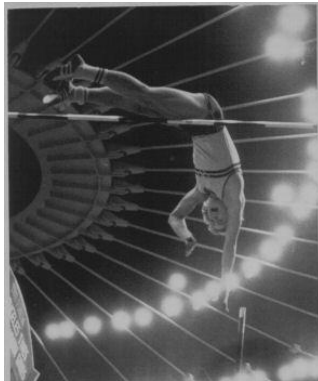


Chabot College Pole Vault Clinic
How can you Learn More About The Pole Vault?



...By doing it!

Come to the Learn-By-Doing Pole Vault Clinic with former UC Davis and Acalanes High School pole vault coach Bob Olsen and Ben Greenbaum pole vault coach of Moreau High School.

Bob will share over 40 years experience as former national class vaulter and coach of Olympic Trials Qualifiers. Ben is a successful coach with two athletes that participated in our recent State Meet in the vault. This clinic is designed specifically for high school and age group coaches and athletes. With an emphasis on technique and safety, Coach Olsen and Coach Greenbaum will provide an easy to understand method for coaching and how to vault. These basic principles will provide young vaulters with a strong foundation for success.

The Clinic has something for everyone. Learn how to start young vaulters off properly. We will share more advanced training techniques that can fine-tune the advanced high school vaulter. The clinic will include a video session, tumbling, drills and technical analysis of each vaulter.

Bob Olsen is a former NCAA All-American and Olympic Trials Qualifier in the pole vault. He has coached world-class vaulters in Europe and the United States. Bob has coached Brent Burns Olympic Trials Qualifier 1992, 1996 and 2000.

The Clinic will be fun and exciting for coaches and athletes. Bring a notebook vaulters! Athletes should be prepared to work out and bring your own poles, some poles may be available on site.

Date: June 20, 2018

Time: Registration opens at 8:00 am.

Clinic is from 9:00 am until 4:00 pm. (Bring a lunch or you can eat off campus locally)

Location: Chabot College Track, Hayward, CA

Cost: \$125.00 for athletes, coaches are free.

\$100 clinic fee if mailed to before June 15th

Make checks out to: Chabot Track & Field, 25555 Hesperian Blvd, Hayward, Ca 94545

Attendees must be a current USATF member, please bring card to show at registration.

Or join Vertical Insanity Pole Vault Club #38-0514

If you have any questions, call Coach Olsen 707-864-1288 or Ben Greenbaum 510-331-9809

**Chabot College Pole Vault Clinic
Learn by Doing
June 20, 2018
Chabot College Track Stadium**

Coach _____

Athlete _____

USATF #

School/Club

**Contact Info
email/phone**

Coach

Athlete

School/Club

**Contact Info
email/phone**

Minor Waiver/Release

Date: June 20, 2018

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS,
PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF

(Name Of Minor)

Child/Ward), my child/ward, being allowed to participate in any way in the **Chabot Learn By Doing Pole vault Clinic** related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 1) FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and, 2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 3) I myself, my spouse, my child, and on behalf of

my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **The Chabot Learn By Doing Clinic**; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasers"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasers from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal Responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE) (PRINT NAME)

School/Club: _____ USATF # _____

Home Address: _____ City _____ Zip Code _____