



[www.ShockerTrackClub.com](http://www.ShockerTrackClub.com)

# 2017 SHOCKER TRACK CLUB THROWS PENTATHLON



**Saturday, October 21, 2017**

**Wichita State University**

Cessna Stadium (21<sup>st</sup> Street North and Hillside)

Check-in near Long Throws Ring south of Charles Koch Arena

USA Track & Field Sanctioned with Certified Officials for USATF Rules

## Event Schedule

9:30 a.m. Registration and Implement certification and Wam-up

10:30 a.m. Competition Begins - Women followed by Men

Order of events: Hammer, Shot Put, Discus, Javelin, Weight Throw

## Competition Locations

Hammer, Discus, Javelin and Weight Throw (Throws Field southwest of WSU Cessna Stadium)

Shot Put (Cessna Stadium Shot Put Ring)

**\$25 per person**

Includes Event T-Shirt and lunch!

Compete in all 5 events or choose the event(s) in which you wish to compete!

**Pay in cash, or checks made payable to: Shocker Track Club Inc.**

You may:

Snail mail the completed Registration Form to: Shocker Track Club, Inc. (c/o Wichita State Track and Field)  
(Attention: John Wise) 1845 Fairmount, Wichita KS 67260-0018

Email the completed Registration Form to [info@shockertrackclub.com](mailto:info@shockertrackclub.com)

**Registration Deadline Oct 18, 2017**

**Collegiate, Open, Elite and Masters Throwers**

Masters Athletes Must bring own implements

## Questions?

Contact: John Hetzendorf (316) 519-5182 or [jhetzendorf@goshockers.com](mailto:jhetzendorf@goshockers.com) or  
Darren Muci (316) 993-6824 or [president@shockertrackclub.com](mailto:president@shockertrackclub.com)

# SHOCKER TRACK CLUB - 2017 THROWS PENTATHLON REGISTRATION FORM

Name: \_\_\_\_\_ Gender: M F Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

School or Affiliation: \_\_\_\_\_

Please circle Event(s):

All 5 events OR >> Hammer Shot Put Discus Javelin Weight Throw

T-shirt Size (Please circle): S M L XL 2XL

## Liability Waiver -- Must be signed to compete in STC Throws Pentathlon!

Competitor Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

I verify that I, or my child/ward, has been checked by a licensed physician and is physically able to participate in the Throws Pentathlon. I understand that participation in the event will involve competition in the sport of track and field and may include vigorous physical exercise or activity involving a multitude of risks, including, but not limited to, broken bones, sprains, muscle pulls, and head injuries. In consideration of my own or my child/ward's being able to participate in the Throws Pentathlon, I hereby agree and promise that I will not hold Shocker Track Club nor its employees responsible for any loss, damages, or personal injury received as a result of my own or my child/ward's participation or the conduct of event directors and/or employees, including negligence. I hereby authorize the directors of Shocker Track Club to act for myself or my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim.

In consideration of being allowed to participate in, or assisting others in participating in The Wichita Masters/Open Meet, its related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1. The risk of injury involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, 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 and bring such to the attention of the nearest official immediately; and, 4. I, for myself, and on behalf of my heirs, assign personal representatives and next of kin, hereby release and hold harmless The Shocker Track Club, Inc, their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, sponsors, and, if applicable, owners and lessors of premises used to conduct the event ("releasees"), and in particular, Wichita State University, 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.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Competitors under the age of 18 must have a parent or legal guardian sign)

Parent/Guardian: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY -- COMP # \_\_\_\_\_ Paid \_\_\_\_\_