

SHOCKER TRACK CLUB - 2018 HALLOWEEN THROWS PENTATHLON - REGISTRATION FORM

Name: _____ Gender: M _____ F _____ Age _____

Address: _____ Phone: _____

City: _____ State: _____ Email: _____

Club, School, Affiliation, or Unattached: _____

Adult - Elite, Open, Masters, Collegiate - Please Check Event(s) below:

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

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

Youth - Please Check Event(s) below:

All 3 events _____ OR >> Shot Put _____ Discus _____ Javelin _____

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

Liability Waiver -- Must be signed to compete in STC Halloween 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/Type Name: _____ Date: _____

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

Parent/Guardian: _____ Emergency Phone #: _____

Signature/Type Name: _____ Date: _____

INSTRUCTIONS - Please review all of your information above to make certain that it is correct. Print a copy for your records

Click the SUBMIT button below to submit this entire Registration Packet form to Shocker Track Club.

Payment will be made at the meet.

Clicking SUBMIT will open your primary email account with an email addressed to president@shockertrackclub.com. The document will be saved in pdf form and attached to the email. Click the send key to send your email.

FOR OFFICIAL USE ONLY - COMP # _____ Paid _____