

**SHOCKER TRACK CLUB**

**Road Racing Team Athlete Member Application**

Complete the form below and return to Shocker Track Club with annual dues payment in the amount of $120.00

Checks should be made **payable to:**  **“Shocker Track Club, Inc.” (Dues are payable annually)**

**Mail to:** Shocker Track Club (Attention: Rob Garcia, Campus Box 18) 1845 Fairmount, Wichita KS 67260-0018

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By completing this application, I agree to abide by all Shocker Track Club, Inc. guidelines for Road Racing Team athletes. Further, I understand that I will be responsible for meet fees and costs involved for each meet that I register to compete as a member of the Shocker Track Club.

NAME

ADDRESS

CITY / STATE / ZIP

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MALE \_\_\_\_\_\_ FEMALE \_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL

EMERGENCY CONTACT NAME AND NUMBER

**SHIRT SIZE: \_\_\_\_\_SM; \_\_\_\_\_ MED; \_\_\_\_\_ LG; \_\_\_\_\_ XL; \_\_\_\_\_ XXL**

**\*\*\*USATF Membership Number (If Applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List Your Best Marks

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| **EVENT/DISTANCE** | **TIME** | **DATE** | **LOCATION** | **NOTE** |
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SHOCKER TRACK CLUB

**ROAD RACING TEAM MEMBER RECITAL**

This document is an agreement between the Shocker Track Club and

As part of the Shocker Track Club you are a representative of the Club. Your actions can affect the way other individuals view the Club. As such it is expected that you portray yourself in a way that is not detrimental to the Club. You are expected to conduct yourself in a manner that represents the Shocker Track Club in a positive manner. Criminal activity of any kind will not be tolerated. If the Club discovers that you are involved in any criminal activity you will be removed from the Club. The Shocker Track Club reserves the right to terminate your participation should it find that your participation would negatively impact the Club. If you wish to participate with the Shocker Track Club you must agree by initialing the following:

\_\_\_\_\_1. I agree to represent the club the Shocker Track Club in a positive manner and I will conduct myself in a manner that is representative of the values of the Shocker Track Club.

\_\_\_\_\_2. I will not put myself into a situation where criminal activity could occur.

\_\_\_\_\_3. I will respect the Coaches and follow their rules that are set out for my participation in the Shocker Track Club.

\_\_\_\_\_4. I will not intentionally cause damage to any of the equipment or facilities that I am allowed to use as part of the Shocker Track Club.

\_\_\_\_\_5. I understand that if I do not fulfill my part of this Agreement I will be removed from the Shocker Track Club.

Road Racing Team Member Signature Date

In consideration of being allowed to participate in, or assisting others in participating in, the Shocker Track Club Team Practice, 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 and USA Track & Field (USATF)** 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 practice or event (“releasees”), and in particular, **Wichita State University, or Unified School District 259, and USA Track and Field,** 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.
5. By affixing my signature hereto, I attest that I am physically fit and have trained sufficiently for the activities in which I intend to participate and the events I have chosen to enter. The Shocker Track Club, Inc. and its representatives, employees, and volunteers have permission to obtain immediate medical care and I consent to hospitalization, the performance of necessary diagnostic tests, the use of surgery, and/or the administration of drugs in an emergency. I understand that I am responsible for payment of medical expenses.

**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.**

By signing this document you agree to the terms set forth above.

Road Racing Team Member Signature Date