

SHOCKER TRACK CLUB, Inc.

**2020 – 2021 Member/Non-Member Practice Attendance and Participation Liability Waiver**

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 illness, COVID-19 and/or 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 illnesses, COVID-19, 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.**

Participant’s Signature Date

Participant’s Parent/Guardian Name & Signature if under 18

Print Participant Name Birthdate

Participant Address

City State ZIP

Phone Email

Emergency Contact Name Phone

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**Name of Shocker Track Club Administrator Date**