

## **SHOCKER TRACK CLUB**

2020 Larry Staton Virtual Masters Track Meet

## MEET REGISTRATION FORM

(Due Date – 11:59 p.m., October 29, 2020)

Participant's Name	Gender	Birthdate	
Participant's Address			
City	State	ZIP _	
Phone	Email		
\$20 T-Shirt Order > Select Size and Indicate Quantity Running Events > 50m, 100m, 200m, 300m, 400m, 800m, 16 Field Events > SLJ, LJ, TJ, HJ, PV, SP, DS, Jav=Javelin, H LIST YOUR EVENTS IN THE FIELD BELOW	500m, 1500mRW, 1500mPW, Ham=Hammer, WT=Weig	55mH, 80mH, 100mH ghtThrow, SWT=S	, 110mH, 300mH uper WeightThrow
In consideration of being allowed to participate in the Sh Meet the undersigned acknowledges, appreciates, and at 1. The risk of illness, COVID-19, other illnesses, and/potential for permanent paralysis and death, and while parisk, the risk of serious injury does exist; and, 2. I knowingly and freely assume all such risks, both releasees or others, and assume full responsibility for my 3. I willingly agree to comply with the stated and cu observe any unusual significant hazard during my presence bring such to the attention of the nearest official immedia 4. I, for myself, and on behalf of my heirs, assign peharmless The Shocker Track Club, Inc and USA Track & Fiel participants, sponsoring agencies, advertisers, sponsors, at the practice or event ("releasees"), with respect to any and damage to person or property, whether arising from the m 5. By affixing my signature hereto, I attest that I am which I intend to participate and the events I have chosen employees, and volunteers have permission to obtain imm performance of necessary diagnostic tests, the use of surgunderstand that I am responsible for payment of medical I have read this release of liability and assumption of risk given up substantial rights by signing it, and sign it freely	grees that: /or injury involved in this particular skills, equipment, and known and unknown, ever participation; and istomary terms and condition or participation, I will renately; and, rsonal representatives and Id (USATF) their officers, of and, if applicable, owners and all illnesses, COVID-19, in negligence of the releasees physically fit and have train to enter. The Shocker Tracenediate medical care and I gery, and/or the administral expenses.	rogram is significant and personal disciplent if arising from the ons for participation nove myself from personal discounties and/ond lessors of premises or otherwise. The consent to hospital tion of drugs in an other d	t, including the ine may reduce this enegligence of the n. If, however, I articipation and release and hold or employees, other ses used to conduct th, or loss or the activities in representatives, ization, the emergency. I
Participant's Signature		Date	!
Total Payment Submitted \$	Check No.		

(1st Event=\$10, Additional Events=\$6, T-Shirts=\$22 – Checks Made Payable to Shocker Track Club, Inc.) >> Click the SUBMIT button on the next page to submit this Results Form to Shocker Track Club <<

Clicking submit will open up your primary email account with an email addressed to <a href="masters@shockertrackclub.com">masters@shockertrackclub.com</a>. This completed document will be saved in .pdf form and attached to the email. Click the send key to send your email.

NOTE – If the above instructions prove unsuccessful, please save the completed document and attach it to an email addressed to <a href="mailto:masters@shockertrackclub.com">masters@shockertrackclub.com</a>

**SUBMIT**