Battle of the Ages

MEET REGISTRATION

Bib Number # _____

PLEASE PRINT

Club Name _____

UNA = Unattached (individual) , Your team name

* Participant's First Name:
Last Name:
Gender: **M** / **F** Circle
Date of Birth: (MM/DD/YYYY) Phone Number: ( )
*** Email:**

I confirm:

1) I am physically healthy and able to participate in the events outlined above.

2) Battle of Ages is not aware of any conditions, such as asthma, that I may suffer, and I will be responsible for carrying any necessary medical devices (such as an inhaler).

3) Always at the site of such events, in case of a real emergency, I hereby authorize the local hospital, doctor or other licensed medical practitioner, and Emergency Medical Treatment personnel, to take what he/she believes are the correct procedures as an aid to my health and well being. This permission is extended, as necessary, to Battle of Ages, and any Club/Organization hosting this event, or their employees, agents, and volunteers. If I am conscious and coherent at the site and time of a medical emergency, I will retain my right to decide medical treatment for myself.

4) I assume all risks and hazards incidental to such club activities. I hereby release, absolve indemnity and agree to hold harmless the team, board, meet organizers, volunteers, officials, coaches, supervisors, USATF, Natomas School District, other participants or persons organizing and running activities and Battle of Ages from any claim arising out of injury.

5) I hereby recognize that my signature constitutes my participation in the Battle of Ages track and field events and that I have read and understand fully all the rules and policies. I understand and agree that I waive my rights to any claim arising out of participation in activities for the current track and field events. I also forever release and agree to hold harmless the coaching staff, administrators and Battle of Ages for any injuries arising out of or anyway connected to participation in such activities.

Signature _____