

2018 USATF EAST REGION INDOOR ULTRAWEIGHT PENTATHLON CHAMPIONSHIP

Sponsored by Providence Classical High School,
M-F Athletic Company *and* Twilight Throwers

Hosted by Providence Career & Technical Academy High School
41 Fricker St. Providence, RI 02903

Event Date: Sunday, February 11th, 2018 – 9:30am

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

Date of Birth: _____ Age: _____ M ___ F ___ USATF # _____

Entry fee: \$75.00 if received on or before February 7th, 2018

Make check payable to **TWILIGHT THROWERS**

Mail Entry to Bob Palazzo at **166 Enfield St., Providence, RI 02908**

Awards: For each 5-year age group:

- USATF Region Championship Medals to top 3 in each age group.
- USATF East Region Champion Patch to the winner in each age group.
- USATF East Region Ultraweight Pentathlon T-Shirts to ALL entrants.
- Indoor implements will be used in all events except the 200# and 300# weights.

Information: Call **Bob Palazzo @ (401) 580-6238** or email Bob at robert.palazzo@ppsd.org

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes, and other depictions) for publication. In consideration of the acceptance of my application for entry into the meet, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the 2018 USATF East Region Indoor Ultraweight Pentathlon Championships. This release is intended to discharge USA Track & Field, USA Track & Field/New England, The City of Providence, The Providence School Department, Classical High School, M-F Athletic Company, the Twilight Throwers, the organizers, officials and staff, and other participants or spectators from and against any and all liability arising out of or connected with my participation in the 2018 USATF East Region Indoor Ultraweight Pentathlon Championships.

I AM AWARE THAT THIS ACTIVITY SUBJECTS ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OR INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. IT IS UNDERSTOOD AND AGREED THAT THIS WAIVER RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON BY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

Signature: _____

Date: _____