

# 2019 USA MASTERS INDOOR ULTRAWEIGHT NATIONAL CHAMPIONSHIP

*Sponsored by* Providence Classical High School,  
M-F Athletic Company, *and* Twilight Throwers  
*Hosted by* Providence Career & Technical Academy  
41 Fricker St. Providence, RI 02903



**Sunday, February 10th, 2019**

**9:30 am to 2:30 pm**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ F \_\_\_ USATF # \_\_\_\_\_  
MM DD YYYY (on Feb 10, 2019)

**Entry fee: \$75.00** if received on or before February 6th, 2018

Make check payable to **Robert Palazzo** and mail to Bob at **166 Enfield St., Providence, RI 02908**.

**Late Entry Fee: Day of event: \$95.00 (Please Contact Bob Palazzo To Confirm)**

**Awards:** For each 5-year age group, top three:

- Championship medals to top 3 in each age group.
- Indoor implements will be used in all events except the 200# and 300# weights which will be constructed of steel and thrown into the long jump pit. Maximum of three attempts per implement.

**Information:** Call **Bob Palazzo** @ (401) 580-6238 or email Bob at: [robert.palazzo@ppsd.org](mailto: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 2019 USA Indoor National Ultraweight Championship. 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, 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 this event..

**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:** \_\_\_\_\_