



2022

**TWILIGHT THROWERS
ULTRAWEIGHT PENTATHLON**

HOSTED BY THE TWILIGHT THROWERS

ENTRY FORM

(PLEASE PRINT ALL INFORMATION)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CLUB / SCHOOL _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

E-MAIL _____ USATF # _____

Print Clearly

USATF Membership Not Required

PERSONAL RECORD (SEED MARK):

WEIGHT _____ S/W _____ ULTRA-1 _____ ULTRA-2 _____ ULTRA-3 _____

GENDER FOR COMPETITION PURPOSES (Circle One): MALE / FEMALE

DATE OF BIRTH _____ AGE AS OF SEPT. 25th _____

DATE: SATURDAY, SEPT. 17th. Begins at 10:00am Sharp (Weigh In Personal Implements Before Start).

**WHERE: Chelmsford High School, 200 Richardson Rd, North Chelmsford, MA 01863
(Check-In & Competition Areas Located Behind Tennis Courts)**

ENTRY FEE: Members = \$50 / Non-Members = \$80

Payable to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824

PLEASE NOTE: Deadline: Entry Received By SEPT 14th - No Day of Meet Sign Up – Limited Entries

WAIVER AND RELEASE

DECLARATION OF HEALTH:

I declare that I am in good physical condition to compete in the TWILIGHT THROWERS MEETS at Chelmsford High School. I am aware of all risks inherent in training and competing, including permanent disability or death, and agree to assume all these risks.

GENERAL WAIVER:

As a condition of my participation in the TWILIGHT THROWERS MEETS, I hereby waive on my own behalf and the behalf of my estate or personal representative any and all claims for loss or damages arising out of my participation in the TWILIGHT THROWERS MEETS, including all claims for loss or damages caused by the negligence, active or passive of the following: USATF, Twilight Throwers Corporation, Chelmsford High School, any volunteers or individuals officiating at the meet or supervising such activities. I also agree to sign the USATF Release Form and follow any USATF Meet Requirements as exist on the day of the event

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS OF ENTRY INTO THE TWILIGHT THROWERS MEETS AND I WILL ABIDE BY SAID TERMS AND CONDITIONS.

SIGNED _____ PRINT _____ DATE _____

DUE TO THE NATURE OF THIS EVENT, ENTRY LIMITED TO OPEN AND MASTERS COMPETITORS – NO MINORS

EMERGENCY CONTACT: NAME - _____ PHONE- _____

For More Information Regarding The Twilight Throwers Club & Activities, Go To: WWW.TWILIGHTTHROWERS.COM