



TWILIGHT THROWERS
2024 Last Chance Festival
w/ The Jim Chamberas Throws Pentathlon
ENTRY FORM
(PLEASE PRINT ALL INFORMATION)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # _____ EMAIL _____

Print Clearly

PLEASE SELECT UP TO TWO EVENTS (6 Throws Each) OR THROWS PENTATHLON (3 Throws All)

HAMMER _____ SHOT _____ DISCUS _____ JAVELIN _____ WEIGHT _____
JIM CHAMBERAS THROWS PENTATHLON _____

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

DATE OF BIRTH _____ AGE (On Day Of Meet) _____

DATE: SUNDAY, SEPT. 22nd. Begins At 10:00am Sharp (Weigh-In Personal Implements Before Start)

WHERE: Hingham HS, Hingham, MA (Venue Map on Website)

ENTRY FEE: Members: \$20 For Each Individual Event (Up To 2) / \$65 Throws Pentathlon

Non-Members: \$30 For Each Individual Event (Up To 2) / \$90 Throws Pentathlon

Above Prices for Cash Or Check. Venmo Payments Add \$2 & Send to @TwilightThrowersCorp

MAIL ENTRY FORM to: **Twilight Throwers PO Box 723, Marstons Mills, MA 02648**

PLEASE NOTE: Deadline: Entry Received By Thursday, Sept. 19th

No Day of Meet Sign Up – MUST RECEIVE CONFIRMATION THAT ENTRY WAS ACCEPTED

WAIVER AND RELEASE

DECLARATION OF HEALTH:

I declare that I am in good physical condition to compete in the TWILIGHT THROWERS MEET at Hingham 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 this TWILIGHT THROWERS MEET, 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: Twilight Throwers, Hingham Public Schools, USATF and 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 _____

PARENT or GUARDIAN SIGNATURE (If Under 18 Yrs) _____

EMERGENCY CONTACT: NAME - _____ PHONE - _____

Email Questions To: twilightthrowers@gmail.com