



2024
TWILIGHT THROWERS
ULTRAWEIGHT PENTATHLON 2
ENTRY FORM
(PLEASE PRINT ALL INFORMATION)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # _____ EMAIL _____

Print Clearly

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 September 14th _____

DATE: SATURDAY, SEPTEMBER 14th. Begins at 11:00am 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

MAIL ENTRY FORM & PAYMENT TO: Twilight Throwers C/O Jim Burgoyne
 PO BOX 723

Marstons Mills, MA 02648

Questions and Confirmations? Email To Jim Burgoyne at: Twilightthrowers@gmail.com

PLEASE NOTE: Deadline: Entry Received By Wednesday, Sept. 11th
LIMITED FIELD: PLEASE CONTACT JIM BURGOYNE TO CONFIRM YOU ARE ENTERING
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 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 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, Chelmsford High School, 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 _____

ONLY OPEN AND MASTERS ATHLETES WILL BE ALLOWED TO PARTICIPATE

EMERGENCY CONTACT: NAME - _____ PHONE - _____