



**TWILIGHT THROWERS
2017 ROUNDUP
HAMMER * WEIGHT * SUPERWEIGHT
(PLEASE PRINT ALL INFORMATION)**

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CLUB / SCHOOL _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

E-MAIL _____ USATF # _____

Print Clearly

PERSONAL RECORD THIS SEASON: HAMMER _____ WEIGHT _____ SUPERWEIGHT _____

GENDER (Circle): MALE / FEMALE DATE OF BIRTH _____ AGE AS OF MAY 21st _____

DATE: SUNDAY, MAY 21st. Meet Begins At Noon Sharp (Weigh In Implements Before Start).

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

**ENTRY FEE: Twilight Throwers Members: \$10 / Non-Members: \$30
Payable to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824**

Entry Deadline MAY 18th, 2017 - Limited Entries - No Day of Meet Sign Up

**ORDER OF EVENTS: CONCURRENT CIRCLES
EVENT ORDER DETERMINED AFTER ENTRY DEADLINE
* ENTRIES LIMITED * -- 6 THROWS, NO FINALS**

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 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 - _____

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