



**2017 USATF
EAST REGION CHAMPIONSHIPS
Jim Chamberas Throws 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 Required

PERSONAL RECORD (SEED MARK): HAMMER _____ SHOT _____ DISCUS _____ JAVELIN _____ WEIGHT _____

GENDER (Circle): MALE / FEMALE DATE OF BIRTH _____ AGE AS OF JULY 22nd _____

DATE: SATURDAY, JULY 22nd. Begins at 9:30am 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: \$60 (Included \$5 USATF EAST REGION FEE)
Payable to: Twilight Throwers, P.O. Box 235, Chelmsford, MA 01824**

PLEASE NOTE: No Individual Events - Deadline: JULY 19th - Limited Entries - No Day of Meet Sign Up

AWARDS: Medals to 1st 2nd & 3rd Place Finishers In Each Age Group

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 _____

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