

ALL COMERS TRACK MEET REGISTRATION

Join us for this old-school "OPEN" Track Meet for all ages and paces. Fun and Competitive! You can compete in as many events as you like! Ribbons awarded in each division. If you like to compete on a track (now or in the past), haven't been on a track in a while or just always wanted to try it out, this is a fun day meant for you! Competition will be by age/gender and there will be multiple Heats as needed depending on the number of participants in each event.

Date: Monday, July 11, 2016 @ 6:30 PM

Cost: \$5.00 for students ~ \$10.00 for adults

Martin County High School Tack

Sign X_

2801 S Kanner Hwy, Stuart, FL 34994

Events will include:

100, 200, 400, 800,1600, 4x100 Family Relay, long jump (You will choose your events the night of the meet.)

First Name:		Last Name:	
Birthday:	Age:		Gender:
Email:		Phone:_	
Emergency Contact Name):		
Emergency Contact Phone	e:		
WAIVER AND RELEASE OF LIA In consideration of being allowed the undersigned, acknowledge, a	I to participate in any way in th		rack Meet, its related events and activities, I,
	serious injury or death does ex	tist. I knowingly and freely	cular skills, equipment, and personal discipline assume all such risks, both known and esponsibility for my participation.
significant hazard during my pres	sence or participation, I will ren and this Fleet Feet Sports loca	move myself from participa	pation. If, however, I observe any unusual tion and bring such to the attention of the ensee of Fleet Feet, Incorporated and
Fleet Feet Stuart d/b/a FLEET Fl franchisors, successors and assi	EET SPORTS, New Balance, t gns, the City of Stuart, and an disability, death, or loss or da	their agents, employees, only and all sponsors, their real amage to person or proper	hereby release, indemnify, and hold harmles coaches, volunteers, officers, directors, expresentatives and successors ("Releasees"), by associated with my presence or est extent permitted by law.
provider has approved my partici	pation. Further, I hereby relea	ise, consent to, and author	ies Training Program, and my medical care ize, in advance, any such use of my name, ate and necessary without remuneration to
HAVE CAREFULLY READ THI	S WAIVER AND RELEASE A	ND FULLY UNDERSTAND	O ITS CONTENTS.
Sign X		Date:	

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs

Date: _

as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.