

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

One form required per participant.

First Name	MI	_ Last Name ₋			
Address		Apt			
City	_ State	Zip			
Home Phone	Work Phone		Fax _		· · · · · · · · · · · · · · · · · · ·
Gender □Male □Female					
Birth Date//	(month/day/	year)			
Occupation					
E-mail					· · · · · · · · · · · · · · · · · · ·
Special skills					
□Check here if you do not wa □Check here if you do not wa				licity	·.
ACTIVITIES in which you pla ☐ Developmental ☐ Con	•	☐ Monthly	√ Training		Private Training
PARENT/GU	JARDIAN SIGNA	TURE REQUIR	ED FOR MIN	ORS.	
Upon submission of this application, of the Athletics Prime Track Club. I r volunteer basis from any claims of lia	elease all facilities,	sponsors, officers	s, employees ar	nd any	person assisting on a
Signature			Date	_/	/
Relationship if signing for a m	ninor participant	·		_	