



2011 USATF OPEN & Masters Cross Country Individual Entry Form



Please type or print legibly

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Telephone: () _____ Email _____

Full USATF Club Name _____

USATF Club Number ____ / ____

USATF Association _____ USATF Region # _____

USATF Membership Number _____

(Required)

AGE DIVISION

Sex: Male Female

Open M W
 Masters M/ W

Birth Date ____/____/____
BIRTH DATE VERIFIED**

Section 1

Association Championships
(Check appropriate age division to enter the Association Championship)

Open Women (5 km)
 Open Men (8 km)
 Masters Women (5 km)
 Masters Men (8 km)

Section 2

Relay Roster

1. _____ 2. _____
3. _____ 4. _____
5. _____

Section 3

Athlete's Release: I voluntarily agree to participate in the 2011 USA Track & Field Junior Olympic Cross Country Championships and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the 2011 USA Track & Field Junior Olympic Cross Country Championships, from any cause whatsoever, including the fault or negligence of Releasees (as defined below). I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., the local USATF Association, the Local Organizing Committee, the Facility and Championship Sponsors, their respective officers, directors, employees, agents and volunteers (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2011 USA Track & Field Junior Olympic Cross Country Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.

Signature - **ATHLETE** _____

ADA request: I am requesting an accommodation for a disability as follows: _____
(Visit www.usatf.org/about/legal/policies/ADA.asp for forms and procedures)

*Please note: All requests for accommodations must be received six weeks prior to the date of competition.

List allergies and current medications: _____

**Proof of Age: Verification Stamp (based on Birth Certificate, Certified Baptismal Record, Passport, Driver's License, or U.S. government identification)