

# Holiday Heights 2006



## WAIVER REQUIRED

For insurance purposes, USA Track and Field, AirTime Pole Vault Club, and the City of Chicago require a signed waiver. Please sign the waiver section on the registration form. Patrons WILL NOT be able to participate if the waiver is not signed. Participant is responsible for providing their own insurance coverage.

Please Print Legibly

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (w/Area Code) \_\_\_\_\_

Emergency Phone (w/Area Code) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ USATF # \_\_\_\_\_

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### Release and Hold Harmless Agreement

Please read this form carefully and be aware that in signing up and participating in the program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in any and all activities with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against AirTime Pole Vault Club and its officers, agents, servants, and employees, and the City of Chicago.

I do hereby release and discharge AirTime Pole Vault Club and its officers, agents, servants, and employees, and the City of Chicago from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify and hold harmless and defend AirTime Pole Vault Club and its officers, agents, servants, and employees, and the City of Chicago from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or any way associated with the activities of the program.

**I have read and fully understand the above Program Details and Waiver and Release of all Claims. Waivers MUST be signed by participant(s) or their legal guardian.**

Participant \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under 18)

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

