

Black-Jack Track Classic Waiver Form

PLEASE PRINT

Last Name

First Name

Address

City

State

Phone

Date of Birth

_____/_____/_____
month day year

Circle: Male/Female

Age Group:

7-8

9-10

11-12

13-14

15-18

Athlete's Participation Release:

I do, hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damage which may have or may hereafter accrue to me against AAU Track and Field, Ohio Association of AAU Track and Field, City of Bowling Green, Bowling Green State University or their respective officers, agents, representatives, successors and/or assigns for any and all damages which may be sustained by me in connections with my association with or entry in the Ohio AAU State Meet, or which may arise out of traveling to or participating in, and returning from said meet.

Athlete's Signature _____

Parent's Signature _____

Track Club _____

This form must accompany your \$12 entry fee by January 16th.

Mail to: DeCarlo M. Blackwell

1308 Riegelwood Ln.

Columbus, Ohio 43204

You register at CoachO.com by January 15th.