

2025 MESSIAH UNIVERSITY ALL-COMER TRACK & FIELD MEETS REGISTRATION FORM/LIABILITY WAIVER

Tuesday, June 3rd, 10th, 17th & 24th, 2025
(Print and complete, or forms will be available at the meet)

Name _____ Gender _____ Age _____ Phone (____) _____

Street Address/Town/Zip _____

E-mail (*for meet results, please write legibly*) _____

Check one: ☐ I already receive summer meet emails
 ☐ I'm not currently on the email list (this is how we share meet results)

Event participation (check all that apply):

☐ Sprints ☐ Distance ☐ Jumps ☐ Throws

Emergency contact name: _____

Relationship to athlete: _____ Phone (____) _____

Release statement:

The participant named above has my permission to participate in the designated Messiah University All-Comers Track & Field Meet. I understand that participation may involve physical activity which could result in injury. I certify that the participant is in good physical condition and is fully able to participate. I assume all risk incidents to the child's participation and release Messiah University, its employees, agents, officers and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of participation.

In the event of a medical emergency, I authorize Messiah University to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah University from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature _____ Date _____

If under 18 years of age, a parent/guardian must give written approval below in order for participation.

Guardian Name _____ Signature _____ Date _____