



**USATF-Pacific Northwest
Region 13**

**2010 USATF Junior Olympic Program
Athlete Release**

Last Name _____ First Name _____

USATF Club Name _____ Club # _____

2010 USATF Member #: _____ Birthdate _____

- I voluntarily agree to participate in the 2010 USA Track & Field Junior Olympic 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 2010 USA Track & Field Junior Olympic 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 2010 USA Track & Field Junior Olympic Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.
- By entering this competition, I grant USA Track & Field, Inc. a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.
- Athletes who participate in this competition may be subject to drug testing. Visit the competition's Athlete Information page for more information. (www.usatf.org/events/2010/USATFJuniorOlympicTFChampionships)
- I have read, understand, and commit to following the guidelines of the the new "Zackery Lystedt Law" in Washington; and will as the parent/guardian of this athlete insist they be removed from a practice or competition if they are suspected to have sustained a concussion or head injury. I will not allow them to return to play until they are evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider. Further, I agree to inform this athlete's coach if I think that he/she may have a concussion.

Signature – **ATHLETE**

Printed Name – **ATHLETE**

Date

Signature - **PARENT / GUARDIAN**
(Must be signed if athlete is under 18 years of age.)

Printed Name – **PARENT/GUARDIAN**

Date

ADA Request: I am requesting an accommodation for a disability as follows: _____

Vusut www.usatf.org/about/legal/policies/ADA.asp for forms and procedures

List allergies and current medicines: _____

