

MASTERS & OPEN ENTRY FORM
SANCTIONED BY KENTUCKY USA TRACK & FIELD
January 27, February 3, 10, 24, 2024

Name _____ Sex M F 2024 USATF # _____

Email address _____ Birthdate (Month, day, year) _____

Contact Patty Rouse Prouse23@windstream.net to see if your age has previously been verified or for more information on USA Track & Field membership as well as club membership. 2024 USATF memberships can be purchased online at www.usatf.org after January 1, 2024.

Events (circle maximum of four) 55H 55 dash 200 400 800 1600 Shot Put High Jump Long Jump Triple Jump 4x400 relay 4x800 relay (relay age groups are 10 & under, 12 & under, 14 & under, 16 & under, 18 & under, open) Pole Vault (note extra \$10.00 fee for pole vault-if pole vault is the only event you compete in, entry fee is \$20.00)

(200 meters will be after the 800)

Athlete's Release: In consideration of your acceptance of my entry into the Kentucky USA Track & Field Indoor Championships, I voluntarily agree to participate in the Mason County Indoor Meets and knowingly assume any and all risk of loss, damage, property loss, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the Mason County Indoor Meets from any cause whatsoever. I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., the Kentucky USATF Association, Mason County High School, Kentucky Track & Cross Country Coaches Association and the Mason County Board of Education in which the Mason County Indoor Meets are held (collectively "Releases") 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 Championships. I/we grant permission to the Meet Directors or their designee or the assigned Chaperones of any USA Track & Field competition or program to act as guardian/spokesman with full authorization and power to authorize emergency medical treatment, including hospitalization and anesthesia, if medically necessary, for my/our son or daughter while in route to/from or at the site of the Mason County Indoor Meets, competition or program. I/we understand that should a health emergency arise, I/we will be notified but if/we cannot be reached by phone such medical treatment as is deemed necessary by medical personnel under the circumstances presented is hereby expressly authorized.

Signature - ATHLETE Signature - _____

PARENT / GUARDIAN _____

(Must be signed if athlete is under 18 years of age.)

Telephone: (_____) _____

List allergies and current medications: _____

NOTE- Entry fee \$20 per athlete pre-registered, \$25 race day fee. Masters & Open Entry Fee Discount \$70 for all four meets if paid in advance of the first meet. Mail to Mason County Track & Field c/o Mark Kachler 179 Edgemont Dr Maysville, Ky 41056