



# VERMONT SENIOR GAMES 2017 STATE TRACK & FIELD CHAMPIONSHIPS



Saturday, June 24, 2017

South Burlington High School

550 Dorset Street, South Burlington, VT, 05403

Events Start at 9:00 am

Check-in and bib pick-up starts at 8:00 am; Declaration for all events - 30 minutes before each event

Competition open to anyone at least 50 years old by 12/31/17

Vermont is an "Open" state. Non-Vermont residents are eligible to compete.

### REGISTRATION FORM — Please print clearly

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ E-MAIL \_\_\_\_\_

ADDRESS: Street/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH (m/d/year) \_\_\_\_\_ AGE as of 12/31/17 \_\_\_\_\_

- No hammer this year.
- Running events will begin with the 50M and continue one after the other, with a break between the 100M and 400M.
- Field Events will have a 15-minute warm up after the first call.
- Medals will be awarded to first, second, and third place winners in 5-year age brackets.

### • EVENT CHOICES AND TIME SCHEDULE — PLEASE CHECK ALL YOU WILL ENTER

<u>RUNNING</u>	<u>FIELD</u>	<u>Women</u>	<u>M70+</u>	<u>M50-69</u>
<u>EVENTS:</u> ( ) 50M at 10:00 am	<u>EVENTS:</u> ( ) Pole Vault	9:00 am	9:00 am	9:00 am
( ) 1500M	( ) Shot Put	9:30 am	11:00 am	1:00 pm
( ) 100M	( ) Discus	11:00 am	1:00 pm	9:30 am
( ) 400M	( ) Javelin	1:00 pm	9:30 am	11:00 am
( ) 800M	( ) High Jump	10:30 am	10:30 am	12:00 pm
( ) 200M	( ) Long Jump	12:00 pm	12:00 pm	10:30 am
	( ) Triple Jump	12:30 pm	12:30 pm	12:30 pm

ALL PARTICIPANTS MUST REGISTER INDIVIDUALLY

Advance registration is **required** by Wednesday, June 14<sup>th</sup>. There will be no on-site registrations.

REGISTRATION FEE - \$35.00 (includes lunch) \$ \_\_\_\_\_

(Optional) My gift contribution to grow the VSGA \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### REGISTRATION AND METHOD OF PAYMENT:

REGISTER ON-LINE – go to [www.vermontseniorgames.org](http://www.vermontseniorgames.org) and click on Track & Field. Payment is made by credit card. If you have a problem registering online, contact Janice Lange at 802-878-5256 for help.

OR, FILL OUT THIS PAPER REGISTRATION FORM. Mail with your check made out to the **Vermont Senior Games** to: Vermont Senior Games, c/o Scheer & Hickey, 441 Water Tower Circle, Suite 200, Colchester, VT, 05446. For persons sending in a paper registration, you must sign the waiver and provide emergency contact information with your registration; see page 2 of paper registration form.

FOR ADDITIONAL INFORMATION contact the Track & Field Sports Coordinator, Barbara Jordan, at 802-658-4486 or [barbarajordan@moomail.net](mailto:barbarajordan@moomail.net).

**Please turn page over for waiver and emergency contact information.**

# VERMONT SENIOR GAMES ASSOCIATION WAIVER AND RELEASE OF LIABILITY

## MUST BE READ & SIGNED BY ALL ATHLETES

In consideration of being allowed to participate in any way in the Vermont Senior Games Association athletic/ sports program, related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that: (PRINT NAME)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES and/or others, and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Vermont Senior Games Association, its officers, directors, sports coordinators, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, and
5. I grant the Vermont Senior Games Association permission to have a physician attend me if it is deemed necessary during my participation at the games or activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

In addition, I willingly grant permission to the Vermont Senior Games Association (VSGA) to use photos and videos taken during regular and special activities, in future brochures, flyers, online or other promotional materials, without prior consent or expectation of compensation.

By registering for this event, I grant permission for my email address to be used to communicate with me about the event details and other VSGA news and activities.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

DATE SIGNED \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

*PLEASE attach to this form pertinent medical information, (facts, special medication, allergies etc.) that we should be aware of to insure your health and safety during participation in this event.*