



# SIMI VALLEY TRACK & FIELD

## ALL-COMERS MEET WAIVER

*(Please print legibly)*

Athlete Last Name

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Athlete First Name

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Competitor Number (Assigned at the meet)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

**WAIVER AND GENERAL RELEASE:** I agree to comply with the rules and instructions of the Simi Valley Track & Field All-Comers Meets sponsored by Simi Valley High School. I know that participating in this event can be a strenuous and potentially hazardous activity. I am aware and assume all risks associated with my participation in this event, including, but not limited to, falls, contact with other participants or their implements, the effects of weather, including high heat and humidity, precipitation and conditions of the surface. In consideration of your accepting my entry and permitting me to voluntarily participate in this event, I, for myself, my heirs, successors and assigns and anyone else entitled to act on my behalf, hereby forever and unconditionally waive and release Simi Valley High School from any and all claims for injuries and damages I may incur as a result of my participation in this event. I further hereby represent and warrant that I am physically fit and am sufficiently trained for participation in this event. I hereby consent to receive emergency medical treatment which may be advisable in the event of illness or injury suffered by me during the event. I also give permission for the free use of my name, voice or picture in any broadcast, telecast, newspaper article, report, advertising or marketing promotion or other account of this event. My participation is subject to the discretion of the meet officials in their administration of the events taking into consideration the safety, participation and convenience of all participants, spectators and officials.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date