



Annual Logan Chieftain Track & Field Community Meet & 5K

Who: All individuals and families interested in competing!

When: Saturday, June 13, 2015
5K will begin at 9am, Track/Field Events will begin at 12pm.

Where: Logan Chieftain Stadium
(Please circle registration type)

Pre-Registration Cost:
\$10—per event
\$15—5K Only
\$20—unlimited events, including 5K
\$50—per family (up to 5 members)

Day of Meet Registration Cost:
\$15—per event
\$20—5K Only
\$25—unlimited events
\$60—per family (up to 5 members)

Track & Field Campers:
Unlimited event entry

Place a check next to your events, below:

Order of Running Events:
 5K @ 9am (LHS Cross Country Course)
 50m Agility Hurdles
 50m Low Hurdles
 100m Sprint
 1600m Run
 200m Sprint
 4x100 (Relay team of 4 participants)
Name of team members:

Field Events
 Shot Put
 Discus
 High Jump
 Long Jump

***All events will be handicap accessible.

Participant Name: _____
Circle: Male/Female
Grade (if in school): _____
Age: _____
T-Shirt Size (Circle one): Adult S, M, L, XL, XXL

Checks payable to: Logan High School Athletics
Send forms/checks to:
Logan High School
Attn: Wendy Cook
14470 St. Rt. 328
Logan, OH 43138

Liability Waiver
We undertake and agree to indemnify and hold harmless the school, school board, school board elected and appointed officials, administrators, principals, teachers and all other school employees, volunteers or representatives, and all persons and bodies corporate acting for or on behalf of them, against all liability, claims, demands, actions, suits, damages, proceedings, costs and expenses (including reasonable attorney fees) whatsoever (including injury to persons and damage of property) for which they may be or become liable directly or indirectly arising out of participation in competition or for such amounts as may not be payable under any such insurance policy.

We hereby attest and verify that we have been advised of the potential risks of participation in this activity, and that I hereby authorize the directors of the meet to act for the participant according to their best judgment in any emergency medical situation that may arise during the course of competition. We know of no medical or physical problems that might affect the competitor's ability to safely participate in competition. As the participant/parent/guardian, I agree to be responsible for any medical or other charges in connection to the participant's attendance at the competition.

We have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Participant Signature _____ Date _____

Parent/Guardian Signature (under 18) _____ Date _____

In the event of an emergency, please provide a day and evening phone number.

Parent/Guardian (under 18) Phone: (____) _____
Emergency Contact:

Name: _____
Phone: (____) _____