



Capital City Track & Field Club Registration Form & Release Waiver  
PERMISSION TO PARTICIPATE, ASSUMPTION OF RISKS AND RELEASE OF LIABILITY

Summer Fees \$60  
July 5 – Aug 19, 4-7pm

Annual Membership \$100  
Oct 2011 thru Aug 2012

(Scholarships and Fee Waivers Available)

At Weaver High School Track!

Participant Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
(Last) (First)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Grade \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Uniform Sizes: XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_

Present School Attending \_\_\_\_\_

Parent/Guardian/ Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Coverage Policy Number \_\_\_\_\_

Medical Insurance Company/Agency \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Injury/injuries: \_\_\_\_\_

The above named participant and/or parent/guardian have requested registration in to the Capital City Track Club. In consideration of such registration, the right of the participant to compete with the Capital City Track Club and the use by the participant of the Harford Public School's facilities and equipment, both the participant and/or parent/guardian each acknowledge that the participant will be competing on the Capital City Track Club on his or her own behalf and on behalf of his or her heirs, executors, administrators, and assigns hereby release, discharge and agree to hold harmless USATF-CT, The City of Hartford, Hartford Public Schools, Hartford Board of Education, Blue Hills Civic Association. Said participant and/or parent/guardian also agrees to allow Blue Hill Civic Association to use and to reproduce the participant's name and/or likeness and/or information concerning the participant and to circulate the same for any and all purposes in any manner associated with the Capital City Track Club. We certify that the information on the participation form is correct.

PLEASE READ AND SIGN THE FOLLOWING WAIVER RELEASE

USATF, USATF CT, The Blue Hills Civic Association and Capital City Track Club involves a variety of physical activities and there is an element of risk involved which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Program. The undersigned hereby agrees:

1. I FULLY ASSUME ALL RISKS ASSOCIATED WITH UTILIZATION OF AND PARTICIPATION IN THE CAPITAL CITY TRACK CLUB AND AGREE NOT TO SUE AND HEREBY RELEASE THE CITY OF Hartford, ITS AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, ELECTED OFFICIALS BOARDS AND COMMISSIONS (collectively "The Town"), FROM ALL LIABILITY SHOULD AN INJURY TO ME OCCUR DURING PARTICIPATION WITH THE CAPITAL CITY TRACK CLUB.
2. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, ADMINISTRATORS, AND LEGAL REPRESENTATIVES, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY, FROM ANY AND ALL CLAIMS, SUITS OR DEMANDS BY ANYONE ARISING FROM MY USE OF OR PARTICIPATION WITH CAPITAL CITY TRACK CLUB.
3. IF I AM A PARENT OR GUARDIAN SIGNING ON BEHALF OF A CHILD OR WARD, I MAKE THESE REPRESENTATIONS AND AGREEMENTS ON BEHALF OF MY CHILD OR WARD.

*I certify by my signature that I have read this document carefully, understand the risks involved with Capital City Track Club participation and wish to continue with participation.*

I give the Blue Hills Civic Association and USATF permission to use any photographs of me or my child taken while participating in any event associated with the Capital City Track Club.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Make Checks payable to: "Blue Hills Civic Association". For more information contact Lee Hunt at 860 769-3846