



ILLINOIS SPRINT SPECTACULAR SATURDAY, JUNE 2nd 2012 Bloom HS, Chicago Heights, IL.

RACE INFORMATION / ENTRY FORM AND ACCIDENT WAIVER//RELEASE OF LIABILITY FORM

The Winged Foot Foundation is a non-profit 501 c 3 charitable organization that has been created exclusively for charitable purposes. On Saturday, June 2nd the Winged Foot Foundation will host the Illinois Sprint Spectacular. This track meet will offer competition for Jr. High & High School athletes. This meet will be held, rain or shine, at the Bloom High School Stadium in Chicago Heights, Illinois and will be managed by volunteers of the Winged Foot Foundation. For more information, visit our website: www.wingedfootfoundation.org.

Awards: Medallions to the top 3 finishers, Ribbons to the Finalists and all Finishers // **Location:** Bloom High School, 100 W. 10th St., Chicago Heights, IL. // **Refreshments:** Food and beverages will be sold at the stadium concession stand // **Parking:** Bloom High School Stadium Parking Lot (Between Bloom HS and the Bloom HS Stadium). // **Security:** There will be police assistance for security. // **Admission:** Adults (21+) \$2.00, kids are free.

Schedule of Track Events for Girls and Boys:

Event	Divisions Offered For Girls & Boys	
• 400	Jr. High	High School
• 200	Jr. High	High School
• 800	Jr. High	High School
• 100	Jr. High	High School
• 100 High Hurdles	Jr. High	High School
• 300 Low Hurdles	n/a	High School
• Pole Vault	n/a	High School
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The first event begins at NOON // prelims not necessary, all entrants will be seeded in heats per their best times as indicated on their registration form.

Registration:

- Pre-Registration by mail deadline is Tuesday, May 29th. The pre-registration rate is \$6.00 per athlete up to 2 events. Mail this ENTRY FORM & ACCIDENT WAIVER/RELEASE OF LIABILITY FORM and payment to: Winged Foot Foundation 913 Manchester St. Naperville, IL 60563 // Registration questions call: 630-914-4000. Make all checks payable to: Winged Foot Foundation
- Race Day Registration for all events is 10:00 am to 11:30 am, \$10.00 per athlete up to 2 events
- **ENTRY FORM & ACCIDENT WAIVER/RELEASE OF LIABILITY FORM MUST BE SIGNED BY THE PARTICIPANT'S PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE.** This form is also found on our website: www.wingedfootfoundation.org

*****ENTRY FORM*****

Participant's Name: (print) _____
 Which level of competition are you competing in? _____ Jr. High _____ High School // _____ Girls _____ Boys
 Which event(s) are you competing in? _____ 100 _____ 200 _____ 400 _____ 800 _____ 100 HH _____ 300 LH _____ Pole Vault
 What is your best time in the event(s) this season? _____ / _____ Internal Use: Bib Number _____

ILLINOIS SPRINT SPECTACULAR
SATURDAY, JUNE 2nd, 2012
Bloom High School, Chicago Heights, Illinois

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Winged Foot Foundation, a 501(c)(3) non-profit corporation; Bloom Township School District #206; and the City of Chicago Heights, Illinois, an Illinois Municipal Corporation.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of the released parties or otherwise.

I acknowledge that the above-referenced sponsors of this event and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failure to act of any party or entity conducting a specific event or activity on behalf of the sponsors. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Print Participant's Name	Age	Signature (if under 18 years old Parent or guardian must also sign)	Date

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years of age)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____	_____
Print Participant's Name	Age	Signature of Parent or Guardian	Date

Please print the following information:

Participant's name: _____ Home Phone _____ Birth Date: _____

Address: _____ Apt. _____

Town _____ State _____ Zip: _____

Allergies or special conditions: _____