

# Tri-State Athletic



## ALL-COMERS MEET INDIVIDUAL ENTRY FORM

Mail entries to:

Jason Lea  
340 6<sup>th</sup> Ave. Apt. 8  
Huntington, WV 25701  
304-617-3044

\*Entries can be made the day of the meet;  
make all checks or money orders payable to the Tri-State Athletic Club

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER(S) ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

**CIRCLE MALE/FEMALE**      **TRACK CLUB or SCHOOL** \_\_\_\_\_

**ENTRY FEE (\$5.00-INDIV, \$10.00- RELAY ONLY)**

**Events Entered**

**Performance**

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**4** \_\_\_\_\_

IN CONSIDERATION OF THE PERMISSION GRANTED TO THE BELOW NAMED ATHLETE BY TRI-STATE ATHLETIC CLUB (TSAC) & HUNTINGTON HIGH SCHOOL (HHS) TO PARTICIPATE IN ANY OF IT'S PROGRAMS, I RELEASE TSAC, HHS, AND THEIR AGENTS FROM ALL ACTIONS, DAMAGES, CLAIMS OR DEMANDS WHICH I, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST TSAC AND/OR HHS FOR ALL INJURIES KNOWN OR UNKNOWN WHICH THE BELOW NAMED ATHLETE MAY INCUR BY PARTICIPATING IN TSAC AND/OR HHS PROGRAMS. I ALSO AGREE TO RELEASE AND HOLD HARMLESS TSAC AND/OR HHS FOR ANY SUSTAINED DAMAGES. I ALSO STATE THAT THE BELOW NAMED ATHLETE IS PHYSICALLY FIT & HAS BEEN APPROVED BY A LICENSED MEDICAL PHYSICIAN TO PARTICIPATE IN ANY OF TSAC'S AND/OR HHS' PROGRAMS.

ATHLETE'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF ATHLETE IS UNDER 18) \_\_\_\_\_