

CHILDREN'S SPECIALIZED HOSPITAL
35th Annual Invitational
Track and Field Meet
May 4, 2019



RELEASE OF LIABILITY:

In consideration of the acceptance of this application, I/we hereby for ourselves, our heirs-assign, waive, and release any and all claims against Children's Specialized Hospital Invitational Track and Field Meet, Children's Specialized Hospital & Foundation, Tri-State Wheelchair and Ambulatory Athletics (TSWAA), Union County Department of Parks & Community Renewal, and US Olympic/Paralympic Committee for all injuries and/or expenses incurred by me/us at the Children's Specialized Hospital Invitational Track & Field Meet on May 4, 2019.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____

Date: _____

PERMISSION TO PHOTOGRAPH:

I hereby DO ____ / DO NOT ____ authorize the sponsors of the Children's Specialized Hospital Invitational Track and Field Meet to take and use photographs of me during the meet for publicity, internet, social media including Facebook or for use in programs for future meets.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____

Date: _____

