



CHILDREN'S SPECIALIZED HOSPITAL  
35<sup>th</sup> 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: \_\_\_\_\_

