***VAULT***

**Landon Athletics Entry Form**

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Name (please print) Phone

Street Address

City, State, Zip

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Height in Competition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Possible Starting Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wavier and Release of Liability: I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless Jerry A. Sessions, Arla G. Sessions, Landon Athletics L.L.C., Ethan L.L.C., event directors, host organizations and the facility, venue and property owners or operators upon this Halloween Vault Event; and any other organizers, promoters, sponsors, advertisers, coaches and officials for this event. I also hereby grant permission to Landon Athletics to use any photography and videotape of myself and/or child related to the Vault Barn activities for advertising or educational video materials.

Competitor’s Signature Date

Parent’s Signature Date

Sanctioned by the USATF

Event Fee: $20.00

Make all checks payable to: Landon Athletics, L.L.C.

 PO Box 538

 Nashville, MI 49073