

Covid-19 Mask Vault

Landon Athletics Entry Form



Name (please print)

Phone

Street Address

City, State, Zip

Email _____

Age _____ Gender _____

Best Height in Competition _____

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: \$25.00

Make all checks payable to: Landon Athletics, L.L.C.
PO Box 538
Nashville, MI 49073