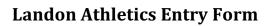
High School Senior Recognition Vault





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	