

High School Senior Recognition Vault

Landon Athletics Entry Form



Name (please print) _____ Phone _____

Street Address _____

City, State, Zip _____

Email _____ Age _____

Club Affiliation: _____ Gender _____
If not affiliated with a club write unattached

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