

Landon Athletics Entry Form

Name (please print)		Phone
Street Address		
City, State, Zip		
Email		Age
Club Affiliation	filiated with a club, please write u	Gender
Best Height in Competition_	Poss	ble Starting Height
defend and hold harmless Jerr host organizations and the faci any other organizers, promote	y A. Sessions, Arla G. Sessions, ility, venue and property own rs, sponsors, advertisers, coac s to use any photography and	covenant not to sue, and further agree to indemnify, Landon Athletics L.L.C., Ethan L.L.C., event directors, ers or operators upon this Halloween Vault Event; and thes and officials for this event. I also hereby grant videotape of myself and/or child related to the Vault s.
Competitor's Signature		Date
Parent's Signature		Date
Sanctioned by t	he USATF	
Cost: Please check website p	oage	
Make all checks payable to:	Landon Athletics, L.L.C. PO Box 538 Nashville, MI 49073	