

Washington State's Pole Vault Track Club

Owner: McKane Lee

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Name:	Phone :
Home Address:	E-Mail
*USATF Track Card Number:	
Please read this form carefully and be aware that you might sustain arising out of the ProVa	that in signing you will be waiving and releasing all claims for injuries aultNW athletic program.
Acknowledgment of Risks of Injury Cl	ause:
and I agree to assume the full risk	nize and acknowledge that there are certain risks of physical injury loss which I may sustain as a result of participating in any and al
Waiver of Claim for Injury Clause:	
"I agree to waive and relinquish all claims I ProVaultNW Athletic Club and the ProVaultNW and its employees."	may have as a result of participating in the programs against the
Release of Liability Clause:	
	less and defend the ProVaultNW Athletic Club and its ries, including death, damages or loss which may accrue to me on
Indemnity and Defense Clause:	
	less and defend the ProVaultNW Athletic Club ries, including death, damages or loss which may accrue to me on
I have read and fully understand the a	above details and waiver and release all claims.
Student Signature	Date
Father or Guardian Signature if under 18 ye	ars of age Date
Mother of Guardian Signature if under 18 ve	pars of age Date

Athletic Waiver Form - USATF - Required

All participating athletes are required to fill this form. You also, will need a valid USATF track and field number to participate with ProVaultNW.

Thank you!

And a Warm Welcome to the Premiere Indoor Washington State Track & Field Athletic Club