



Washington State's Pole Vault Track Club

Owner: McKane Lee

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General Information

Name: _____ Phone : _____

Home Address: _____

*USATF Track Card Number: _____

Please read this form carefully and be aware that in signing you will be waiving and releasing all claims for injuries that you might sustain arising out of the ProVaultNW athletic program.

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

Acknowledgment of Risks of Injury Clause:

"As a participant with ProVaultNW, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs."

Waiver of Claim for Injury Clause:

"I agree to waive and relinquish all claims I may have as a result of participating in the programs against the ProVaultNW Athletic Club and the ProVaultNW and its employees."

Release of Liability Clause:

"I further agree to indemnify and hold harmless and defend the ProVaultNW Athletic Club and its employees from any and all claims from injuries, including death, damages or loss which may accrue to me on account of my participation in these programs."

Indemnity and Defense Clause:

"I further agree to indemnify and hold harmless and defend the ProVaultNW Athletic Club employees from any and all claims from injuries, including death, damages or loss which may accrue to me on account of my participation in these programs."

I have read and fully understand the above details and waiver and release all claims.

Student Signature Date

Father or Guardian Signature if under 18 years of age Date

Mother of Guardian Signature if under 18 years of age Date