Wesleyan University Developmental Track Series
Team Waiver/Roster Form

Date of Event: (please circle)

December 9, 2009 **December 12, 2009**

December 15, 2009 **December 17, 2009**

** Waiver of Liability **

I agree to assume full responsibility for myself, and those in my charge while participating in the "Wesleyan University Developmental Track Series" meet.

To the best of my knowledge, I or those in my charge do not have any physical illness or condition that would prevent participation in the activities that are associated with this event.

I will not hold Wesleyan University, its staff, or officials or any other workers involved in this event liable or responsible for any injuries or personal mishaps that should occur to me or those in my charge while I am at this event or in and around the Freeman Athletic Center.

Club or School: _____

Signature of Club or School Representative: _____

Please type or print and list names in alphabetical order. Keep a duplicate copy.

Name of Participant	Name of Participant