

**Wesleyan University  
Developmental Track Series  
Waiver Form**

*Each individual participant must complete a waiver form before competing.*

**Date of Event: (please circle)**

December 9, 2009

December 12, 2009

December 15, 2009

December 17, 2009

**INDIVIDUAL**  
**\*\* 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.**

**Name of Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Club or School:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_

(If under the age of 18 years old waiver must be signed by Parent/Guardian in charge)

**Date:** \_\_\_\_\_