

For official use only

INDIVIDUAL ENTRY FORM

2002 USA FALL CROSS COUNTRY CHAMPIONSHIPS
and NATIONAL MASTERS 10 Km CROSS COUNTRY CHAMPIONSHIPS

PLEASE PRINT USING BLOCK LETTERS

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: (_____) _____ 2002 USATF Number: _____

e-mail address: _____

Event (check one): Open Men's 10 Km Open Women's 6 Km Masters Men's 10 Km Masters Women's 10 Km

USATF Club/Affiliation: _____ USATF Club/Assoc. Number: _____

Club Captain/Coach: _____

Male Female Date of Birth (MM/DD/YY): ____/____/____ Race Day Age: _____

DEAF:

Entry fee must accompany the entry form. Faxed entries will not be accepted.

WAIVER AND RELEASE: I know that participating in a cross country race is potentially hazardous activity. In consideration of your accepting this entry into the USA Fall National and Masters National Cross Country Championships. I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against USATF and its regional associations, Bob Rush Timing, the City of Rocklin, Sierra College, its employees, agents, officers and the sponsors, the volunteers and their representatives, successors and assigns for any and all injuries suffered by me in said event, or as a result of my travel to and from the competition. I attest and certify that I am physically fit and have sufficiently trained for the competition and that my date of birth is as stated on this application. I authorize meet personnel and its agents permission to request emergency medical treatment or care as necessary to insure my well being. I agree not to cover or alter my competitor number in any way on pain of disqualification, and I acknowledge that my entry fee is non-refundable, including if the event is cancelled.

SIGNATURE _____ DATE _____