

Official's Application

Meet Name & Logo

Date(s) & Location

Please complete this application and return it/fax it to the officials' coordinator **not later than (date)**:
 (Name) _____ (Address) _____
 Fax: xxx-xxx-xxxx; Phone number & e-mail address _____
 We expect to make selections and notify you by (date).
 Selected officials will receive (enter: lodging, per diem, meals, shirt, etc. – as appropriate).

Name _____ Gender: ___ Male ___ Female
 Address _____ City _____ State ___ Zip _____
 E-Mail _____ Phone _____ Cell _____
 USATF Certification Level _____ USATF Certification Number _____
 Dates You Can Work: ___ (Day & Date) ___ (Day & Date) ___ (Day & Date) ___ (Day & Date)
 Polo Shirt Size _____ List any Physical Limitations: _____

Event Preference: Enter "1" "2" "3" in order of your preference ahead of the skills below
 ___ Starter ___ Clerk ___ Marshall ___ Umpire ___ Wind Gauge ___ Implement Inspector
 ___ Combined Events Coord. ___ Finish Line/Judge ___ Long/Triple Jump ___ Pole Vault
 ___ High Jump ___ Hammer ___ Discus ___ Shot Put ___ Javelin ___ Race Walk

Officiating Experience: Starting with the most recent, list up to ten significant competitions you have officiated during the past three years. Use the form below; please do not include attachments.

| Month & Year | Meet Name | Meet Location | Officiating Duty (indicate crew or head) |
|--------------|-----------|---------------|---|
| | | | |

Waiver and Release of Liability

I understand that as an official/volunteer, I will receive no direct compensation or other benefits, and agree not to hold myself to others out as an employee of xxxxxxxx for any purpose. I agree and hereby voluntarily assume any and all risks of bodily injury including death and personal property damage arising from or in connection with this competition. I forever release and discharge the xxxxxxxx ("Releasees") and their respective officers and representatives from any and all ations, claims, or liability for bodily injury or property damage arising from the negligence of the Releasees.

Signature – Agreement to Waiver and Release, and certification of accuracy of information

_____ Date _____