

2014 Millersville University All-Comers Track &Field Meet

Date: Thursday June 12, 2014

Location: Biemesderfer Stadium - Millersville University, Millersville Pa.

Cost: \$10.00 / per meet - unlimited events (checks to Millersville T&F SSI)

Who: Open to all competitors.

Details: FAT timing will be used
Starting blocks provided
Event sign in table is open from 5-6:30pm (no entries accepted after 6:30 only scratches)
Events will be rain or shine
Lightning storms standards will be followed (delayed for 30 minutes after last strike)

Order of Events

Tine	Event	Notes		Time	Event	Notes
7:00pm	400 IH (m/w)			5:30pm	Hammer Throw	4 attempts
7:15pm	1500 (m/w)			6:30pm	Javelin	4 attempts
7:30pm	400 (m/w)			6:30pm	Shot put	4 attempts
7:35pm	110 hurdles (m)	HS and College		7:00pm	Discus	4 attempts
7:45pm	100 hurdles (w)					
7:55pm	800 (m/w)					
8:05pm	100 (m/w)			6:15pm	Pole Vault	8'6" women, 10'6" men
8:15pm	3000 (m/w)	Possibly combined		6:30pm	Long Jump	4 attempts
8:30pm	200 (m/w)			7:00pm	High Jump	
				7:30pm	Triple Jump	4 attempts

For Additional Information Contact:

Andy Young Head Coach Millersville Track and Field
717-871- 5560
ayoung@millersville.edu

Tom Ecker Millersville Home Meet Director
tomecker@comcast.net

Release Form:

Each competitor must complete a release form to participate. Minors must have the form completed by a parent or guardian – no exceptions.

Informed Consent and Assumption of the Risk

For Visiting Athletes at Millersville All-Comers Meets

I, _____ (Name of Participant), and _____ (parent/legal guardian if participant is under the age of 18), grant permission for the PARTICIPANT to participate in the Millersville All-Comers Meets at Millersville University.

The PARTICIPANT (and parent/legal guardian if applicable) recognizes that there are inherent risks and hazards associated with the performance of athletics and that no amount of reasonable instruction and supervision will prevent all injuries. By signing this Informed Consent and Assumption of the Risk form, the PARTICIPANT (and parent/legal guardian if applicable) acknowledges that he or she understands and appreciates the risks and hazards associated with competition, including those related to the Millersville All-Comers Meets. This includes the potential for serious or permanent injury to all bodily organs and functions.

In accepting this risk, the PARTICIPANT (and parent/legal guardian if applicable) expressly and explicitly releases any and all claims as a result of participation in the Millersville All-Comers Meets, including claims for medical expenses that may incur for treatment for injuries sustained by the PARTICIPANT. The PARTICIPANT (and parent/legal guardian if applicable) assures Millersville University that he or she has adequate health insurance necessary to provide for and pay any medical costs that directly or indirectly results from participation in the Millersville All-Comers Meets. The PARTICIPANT (and parent/legal guardian if applicable) also agrees to indemnify and hold harmless, Millersville University, its agents, representatives and employees, the State System of Higher Education and the Commonwealth of Pennsylvania from any and all claims for any loss or damage incurred as a result of participation in the Millersville All-Comers Meets.

By my signature below, the PARTICIPANT (and parent/legal guardian if applicable) intends to be legally bound and certifies that he or she completely understands this document.

Signature

_____ Date _____

Participant

_____ Date _____

Parent/Legal Guardian (if under 18)