2004 USA 15 km Race Walk Championships
Entry Form

Name _____ 2004 USATF Membership # _____
(First) (Last) (required for U.S. citizens and resident aliens)

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Birth Date _____ Sex: ❑ Male ❑ Female Citizenship _____

Have you represented another country in international competition within the previous three years? ❑ Yes ❑ No

Affiliation _____ Do you have collegiate eligibility remaining? ❑ Yes ❑ No

Personal Coach _____ Coach's Phone _____

WAIVER OF LIABILITY & ASSUMPTION OF RISK: I voluntarily agree to participate in the 2004 USA 15 km Race Walk Championships and knowingly assume any and all risk of loss, damage to my person or property, property loss, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the 2004 USA 15 km Race Walk Championships, from any cause whatsoever, including the fault or negligence of Releasees (as defined below). I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., USATF New England Association, Lincoln Park, Rhode Island Greyhound Owners Association, and Event Sponsors, their respective officers, directors, employees and volunteers (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2004 USA 15 km Race Walk Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.

X _____
Athlete's signature (parent/guardian's signature if athlete is under 18 years of age)

NAME AND LIKENESS RELEASE: By entering this competition, I grant USA Track & Field, Inc. a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.

X _____
Athlete's signature (parent/guardian's signature if athlete is under 18 years of age)

DRUG TESTING INFORMATION: Athletes who participate in the 2004 USA 15 km Race Walk Championships are subject to drug testing procedures in accordance with the IAAF Competition Rules, the IAAF Procedural Guidelines for Doping Control, the World Anti-Doping Agency (WADA) Code, and the United States Anti-Doping Agency (USADA) protocol for Olympic Movement Testing. USADA will be responsible for conducting comprehensive drug testing during the 2004 USA 15 km Race Walk Championships. The adjudication of positive findings will be carried out by USADA. Athletes found to have committed a doping violation will be disciplined according to the USADA Protocol and suspended, if appropriate, according to IAAF rules. Such penalties may result in a period of ineligibility as well as disqualification from the 2004 USA 15 km Race Walk Championships. Any substance taken by an athlete is at his/her own risk and may result in a positive sample. (This includes cold medicines, nutritional supplements, and some over the counter medicines.) Information on drugs and medications and about drug testing may be obtained by calling the USADA Drug Reference Hotline at 800-233-0393 or by visiting the USADA or IAAF websites: www.usantidoping.org or www.iaaf.org.

X _____
Athlete's signature (parent/guardian's signature if athlete is under 18 years of age)