



**2009 RIT Summer**  
**Track & Field Series**  
**Individual Adult Membership Info**

**One entrant per form, please.**  
**Each entrant must sign the Waiver of Liability**

**2009 Individual Adult Series' Membership Entry Fee:**

**\$30.00 = 2009 Individual Adult Summer Series' Membership = entry into all 6 summer meets, June 9, 16, 23, 30, July 7, 14 and any and all re-scheduled meets due to rain-outs.**

**Note: entry fee is non-refundable, make checks payable to "Bill Quinlisk"**

**You will be pre-assigned a permanent bib number at the first meet. Wear this number on your left hip at all summer meets. No need to sign in after that at any of the meets. Your number is non-transferable. Your membership number will be subject to revocation with loss of entry fee if this system is abused.**

**Series' Entry Process:**

Complete the Individual Adult Series' Membership entry form at the first meet registration.

**Entry Limits:**

Athletes may enter a **maximum of 2 individual events and 1 relay** per meet  
Or a maximum of 1 individual event and 2 relays per meet.

Fill out the form below and bring it to the 1<sup>st</sup> meet.  
Forms will be available at the meet registration.



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I know that competing in a Track & Field meet is potentially a hazardous activity. I should not enter and compete unless I am medically able and properly trained. I agree to abide by any decision of a meet official relative to my ability to safely complete my event(s). I assume all the risks associated with competing in this meet including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release RIT, the River Road Runners and the USATF, their representatives and successors from all claims or liabilities of any kind arising from my participation in this meet.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian must sign if under 18)

Print Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/Town/Zip \_\_\_\_\_ Sex \_\_\_\_\_

e-mail address \_\_\_\_\_

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**\$30 per person for all 6 meets. Make checks payable to “Bill Quinlisk”.**