

TESORO TITANS ALL COMERS TRACK MEET

LOCATION:

TESORO HIGH SCHOOL
1 Tesoro Creek Rd. Las Flores CA 92688
ON TESORO HIGH SCHOOL'S ALL-WEATHER TRACK

DATE: Saturday, February 3th, 2024

TIME: Gates to the track will be open at **7:30 am**. The meet will begin at 9 am. Day of meet registration accepted.

COST: \$10.00 - unlimited entries for High school athletes, elementary and middle school athletes.
Cost Spectators: \$5 (Children 4 & under free)

FAT time will be used for all running events: Finished Results will be timing

SPIKES: 3/16" pyramid spikes or smaller required (set of 14 for sale \$3.00)

CONTACT: Coach Darren Phelps at Tesororunning@gmail.com / Courtney Tebbe at CLTEBBE@capousd.org

SCHEDULE OF EVENTS: TIME SCHEDULE IS TENTATIVE BASED ON THE NUMBER OF ATHLETES IN EACH EVENT AND *WILL PROGRESS AHEAD OF SCHEDULE IF POSSIBLE*. IF AN EVENT HAS NO ENTRIES, WE WILL IMMEDIATELY SEED THE NEXT EVENT.

Running Events

1. 1600m
2. 4 x 100m Relay
3. 100m/110m HH
4. 400m
5. 100m
6. 800m
7. 300m LH/IH
8. 200m
- 10.4 x 400m Relay

Field Events 9:30am – 12:00pm

Open pit: 9:30am – 12:00pm

Long Jump (4 Jumps)

Triple Jump (4 Jumps)

High Jump (Starts @ 3' 6" & raised 2")

Shot Put (4 Throws)

Discus Throw (4 Throws)

Parking: Free parking available.

Concession Stand will be open with Taco & Co and various food and drink items.

Participants' Name (Please Print): _____

Tesoro High School and Capistrano Valley Unified School District Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, February 3th, 2024, the property, facilities, staff, equipment and services of **Tesoro High School and Capistrano Valley Unified School District, I**, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue Tesoro High School and Capistrano Valley Unified School District**, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of the Tesoro High School and Capistrano Valley Unified School District** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, observation, and use of facilities, premises or equipment.

Signature of Parent/Guardian of Minor *Date* *Signature of User* *Date*

Assumption of Risks: This use of **Tesoro High School and Capistrano Valley Unified School District**

property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. **Tesoro High School and Capistrano Valley Unified School District** have facilities for and provide for activities such as social events, community outreach, clinics, classes, camps, and competitions. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment 2) major injuries such as joint or back injuries, heart attacks, head injuries, and psychological trauma 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Tesoro High School and Capistrano Valley Unified School District. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD **Tesoro High School and Capistrano Valley Unified School District** HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at the **Tesoro High School and Capistrano Valley Unified School District**, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor *Date* *Signature of User* *Date*

Participant's Age (if minor) _____