



Hamilton Twilight Series

Series Information

2019 marks the 7th year of the Hamilton Twilight Meets on the Mona Campbell Track. This series is sanctioned by Athletics Ontario and hosted by Harbour Track-Hamilton, with the help of local officials and volunteers.

General Information Dates:

Hamilton Season Opener - Sunday, May 26 - 6:30pm

100m (round 1), 400m, 100m (round 2), 800m, 3000m Steeple, 3000m, 5km

Hamilton Canada Day Twilight- Monday, July 1 - 6:30pm

300m, 100m (round 1), 400m, , 100m (round 2), 200m, 800m, 1200m, 1500m

Hamilton 100m and 800m Night- Sunday, July 21 - 6:30pm

300m, 100m (round 1), 400m, 100m (round 2), 3000m, 800m

Hamilton PB Twilight - Monday, Aug 5 - 6:30pm

100m (round 1), 400m, 100m (2nd round), 200m, 3000m, 1500m, 800m, DMR (Distance Medley Relay)

Hamilton Last Chance - Sunday, August 11 - 6:30pm

100m (round 1), 400m, 100m (2nd round), 200m, 3000m, 1500m, 800m, 5000m

Location: Mona Campbell Track, McMaster University http://parking.mcmaster.ca/Map.html

Sanctioned by: Athletics Ontario Host Club: Harbour Track-Hamilton

Contact

Name: Paula Schnurr Email: schnurr@mcmaster.ca

Registration

Online registration: <u>https://www.trackie.com/online-registration/</u>

Final schedule will be posted race day on Trackie

Entry Fees: \$17.00 per event; if not registered with Athletics Ontario/Canada \$25 per event.

Age Categories: All races will be run as Open events.

Waiver: Every participant is required to sign the **waiver form attached**. For athletes under the age of 18, a parent or guardian's signature must appear on the waiver. The waiver form must be submitted at the registration desk on the day of the competition

All Meets are IPC/WPA sanctioned



SANCTIONED AND REQUIRED BY: ATHLETICS ONTARIO

RELEASE, WAIVER AND INDEMNITY

Paula Schnurr, Harbour Track-Hamilton, McMaster University, City of Hamilton

And all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event and I AGREE to withdraw from the race if so requested by the designated medical officer.

Date

Print Name

Signature

If under 18 years, a Parent or Guardian or Power of Attorney is to sign below.

Date Print Name Signature of Parent or Guardian Or Power of Attorney

Canadian Anti-Doping Program (CADP)

Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CADP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to all individuals, whether in the role of athletes or athlete support personnel, who are registered for and participate in this event. By signing below, I acknowledge that I am aware that the CADP applies to me and that I am subject to the CADP. Completion of an online education course may be required as part of my registration of this event. By participating in this event, I consent to the application of the CADP to me. For further information, please visit the Athlete Zone on the CCES website www.cces.ca/athletezone.

Date

Print Name

Signature

If under 18 years, a Parent or Guardian or Power of Attorney is to sign below.

Date

Print Name

Signature of Parent or Guardian Or Power of Attorney