MINES High School Indoor Track & Field
Steinhauer Fieldhouse Golden, CO

OPEN Track & Clinics

MONDAYS
6:00 PM – 8:00 PM

- January 8th
- January 15th
- January 22nd
- January 29th
- February 5th
- February 12th

THURSDAYS
6:00 PM – 8:00 PM

- January 4th
- January 11th

COST

$100 Early Registration FULL Membership
*ALL 8 sessions (discount of $100), payment & waiver must be received via mail by 1/1/2018

$125 FULL Membership
*ALL 8 sessions (discount of $75)

$80 Partial Membership
*Any 4 clinics of your choice (discount of $20)

$25 / Clinic
*single session

IMPORTANT INFORMATION

- Participants must fill out a liability waiver prior to participation (located on page 4)
- All checks can be made out to: Colorado Mines Track & Field
- Early Registration Checks & Waiver must be received by 1/1/2018, and can be mailed to:
  o Colorado Mines Track & Field, 1500 Illinois St, Golden, CO 80401
- Indoor throws equipment and PV poles must be provided personally
- Colorado School of Mines will provide state-of-the-art: vault mats, high jump mats, hurdles, starting blocks and throws circles (both cement and elevated wood).
MINES Indoor Track
High School Meet Series

Steinhauer Fieldhouse  Golden, CO

Rolling Schedule starting @ 7:00 PM

- Thursday, Jan 25th *Schedule 2 (see next page)
- Thursday, Feb 1st *Schedule 1 (see next page)
- Wednesday, Feb 7th *Schedule 2 (see next page)

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COST

$10 / Event / Person

*All checks can be made out to: Colorado Mines Track & Field, cash & checks ONLY
*All payment will be collected at the meet; NO ONLINE payment option will be available

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MEET INFORMATION

Entries: All entries will be online via https://www.directathletics.com/. Please search for the Mines Indoor HS Meet Series, and will remain open until 3PM the day of the meet. If you can’t figure out registration online, please email your entries to: mdsparks@mines.edu.

We will no longer accept walk up registration for track events, ONLY field events. Field event walk up registration is from 6:00pm – 6:30pm the day of the meet.

Track: NEW surface. 8 lane, 60m straightaway, 4 lane Oval.


Results: After the meet, all results will be posted via http://co.milesplit.com/

ENTRANCE: The only entrance available for participants and spectators is off of Maple Street in the cul-de-sac (Southwest entrance of the building, follow the signs).
MINES Indoor Track
High School Meet Series
Steinhauer Fieldhouse Golden, CO

SCHEDULE OF EVENTS #1
Rolling Schedule starting @ 7:00 PM

February 1st

FIELD EVENTS: Shot put, high jump & pole vault will be boys & girls combined
7 PM Shot Put, Long Jump (boys then girls), Pole Vault (High Jump will start 15 minutes after shot put concludes)

TRACK EVENTS: Girls followed by Boys in ALL track events
7 PM 60m
800m
60m hurdles
400m
1 Mile

*WE WILL NO LONGER CONTEST THE 200M

SCHEDULE OF EVENTS #2
Rolling Schedule starting @ 7:00 PM

January 25th & February 7th

FIELD EVENTS: Shot put, high jump, pole vault & triple jump will be boys & girls combined
7 PM Shot Put, Long Jump (boys then girls), Pole Vault (High Jump will start 15 minutes after shot put concludes)
Triple Jump will start 15 minutes after Long Jump concludes

TRACK EVENTS: Girls followed by Boys in ALL track events
7 PM 60m
800m
60m hurdles
400m
3000m

*WE WILL NO LONGER CONTEST THE 200M
COLORADO SCHOOL OF MINES
2017 – 2018 TRACK & FIELD WAIVER
PLEASE READ AND ACKNOWLEDGE

Track & Field Winter Series Meet or Clinic
Location: Steinhauer Fieldhouse - Colorado School of Mines

In consideration of Colorado School of Mines making arrangements for and permitting and assisting the participant to take part in this competition or clinic, the acknowledged participant and Parent or Guardian, if appropriate, agree to hold harmless, release, indemnify and forever discharge Colorado School of Mines, and its Board of Trustees, officers, directors, employees, agents, and any persons acting on their behalf, as well as their heirs, executors and assigns, from and against any and all liability, claims, demands, costs and expenses (including attorneys’ fees) arising out of or in any way connected with any bodily injury or property damage in any way relating to or arising out of the participant’s participation in the competition or clinic, even if the liability, claims, demands, costs and expenses may arise, in whole or in part, out of the negligence or carelessness of the persons or entities mentioned above.

The participant and Parent or Guardian is aware that the competition or clinic may include certain risks and dangers. The participant and Parent or Guardian understand that specific risks vary depending on the level and nature of the competition or clinic, and can range from minor personal injuries such as scratches, bruises, and sprains to major injuries such as eye injuries and back or joint injuries, to catastrophic injuries resulting in paralysis or death. By signing this waiver, the Parent or Guardian is consenting to the participant’s participation in the competition or clinic and acknowledges that he/she understands that any and all risk, whether known or unknown, is expressly assumed by Parent or Guardian and all claims, whether known or unknown, are expressly waived in advance.

To the best of their knowledge, the participant and Parent or Guardian are not aware of any mental or physical disability or health-related reasons or problems that would hinder or otherwise prevent the participant from safely participating in the competition or clinic. The participant and Parent or Guardian understand that they are solely responsible for any costs arising out of any bodily injury or property damage sustained through or arising from the participant’s involvement in the competition or clinic. Further, the Parent or Guardian is responsible for all of the participant’s medical expenses. By signing this waiver, the Parent or Guardian gives permission in cases of the participant’s injury or illness to render emergency first aid and to make any necessary referral for treatment.

The participant’s Parent or Guardian expressly agrees that this Liability Waiver Form is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that if any portion herein is held to be invalid or unenforceable, the balance shall continue in full legal force and effect. The participant’s Parent or Guardian has carefully read this Liability Waiver Form, understand the contents herein, and is executing it voluntarily of his/her own free will. The participant’s Parent or Guardian has had sufficient time to review and seek explanation of the provisions above, has carefully read them, understands them fully and agrees to be bound by them.

Nothing in this waiver shall be construed to waive, limit, or otherwise modify any governmental immunity available to any of the persons or entities released herein under the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S.

____________________________________ ______________________________________________________
Name of Participant (please print) Health Insurance Company (please print)

____________________________________ ______________________________________________________
Name of Parent/Guardian (please print) Health Insurance I.D. #

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Signature of Participant’s Parent or Guardian Date