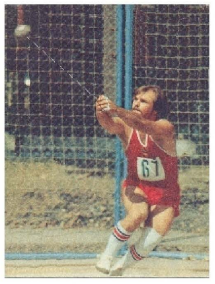


Widener's Throw Like Youri Hammer Event

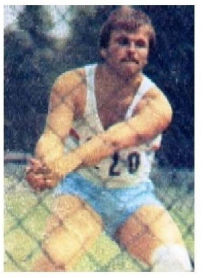
When: Sunday, September 6, 2026

Where: Widener University
One University Place
Chester, PA 19013

Special thanks to
Head Coach Vince Touey

for more info:
www.throwlikeyouri.com/widener

Insured by SPORTS INSURANCE.COM Valerie Abraham-Rogers, Broker



Please complete the registration form in its entirety. Failure to do so may result in a delay in your registration. A deposit or payment in full may be required to complete the registration. All items marked with an asterisk (*) are mandatory.

NO REGISTRANTS UNDER 18

PARTICIPANT INFORMATION MUST BE 18 YEARS OLD OR OLDER

First Name*: _____Last Name*: _____

_____ Male _____ Female Date of Birth*: _____

Address*:_____

City*: _____ State*: _____ Zip*: _____

Primary Phone*: _____ Secondary Phone: _____

E-mail*: _____

REGISTERING FOR: Program Widener's Throw Like Youri Event @ Widener University, Chester, PA, Sept. 6, 2026

WAIVER AND RELEASE

Please read the following sections carefully and then sign. No registrants under 18.

ATHLETE CODE OF CONDUCT AND CONFIRMATION OF AGE:

I hereby represent and acknowledge that I am **EIGHTEEN (18) YEARS of AGE or OLDER**, that I understand the terms and affirmations in this waiver and that my voluntary participation in this hammer training and throwing event could result in minor or major physical injury, including death. I agree to use reasonable care throughout my participation in this hammer training and throwing event, I further agree to comply with all safety precautions and instructions and abide by the rules of conduct as set forth by Carl D Shields and his staff. I have read the Widener's Hammer Safety document. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind, I further agree to abide by any curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the event and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

_____ _____

Signature of registrant, no registrants under 18 Date

WAIVER OF LIABILITY INDEMNITY AGREEMENT AND ASSUMPTION OF RISK

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of Widener University, Chester, PA and Carl Dean Shields and his staff, (hereafter referred to as WU-CDS). I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue WU-CDS, its directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from negligence of WU-CDS or any of the aforementioned parties, This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in WU-CDS activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

INDEMNIFICATION AND HOLD HARMLESS:

I also agree to HOLD HARMLESS AND INDEMNIFY Widener University (Host), including its employees, agents, and trustees from and against any and all actions, claims, demands, losses, and damages arising out of or by reason of Guest's presence or activities at the Host's facilities, or by Guest's agents, contractors, servants, employees, licensees, invitees, or guests and resulting in any damage, including property damage or personal injuries. Guest will further indemnify and hold the Host harmless against and from any and all claims arising from any breach or default on the part of the Guest in the performance of any covenant or agreement on the part of the Guest to be performed pursuant to the Guest's facility usage policies and procedures, or arising from any act of negligence of the Guest, or any of its agents, contractors, servants, employees, licensees, invitees, or guests, or arising from the conduct of or management about the Host's facilities or from any accident in or about the Host's facilities. In the event any action or proceeding is brought against the Host by reason of Guest's use of Host's facilities, the Guest covenants to resist and defend, at Guest's expense, such action or proceeding. This indemnification will also cover any and all costs, expenses, and fees, including attorneys' fees, incurred by the Host incident thereto.

I also agree to HOLD HARMLESS AND INDEMNIFY WU-CDS from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at WU-CDS. I further agree to pay all costs and attorney's fees incurred by WU-CDS in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that WU-CDS is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad an inclusive as is permitted, by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Delaware County, Pennsylvania.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I 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 I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

_____ _____

Signature of registrant, no registrants under 18 Date

ASSUMPTION OF RISKS

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The hammer clinic has facilities for and provides for activities for drilling, training and throwing the hammer. These activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at WU-CDS. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by WU-CDS. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding; I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify complete assumption of all risks, both known and unknown, of participation in or observing recreational activities at WU-CDS, to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

_____ _____

Signature of registrant, no registrants under 18 Date

PLAYER PHOTOGRAPHY CONSENT

Participant consents to all recording, photographing and filming of Participant and all agree that WU-CDS can use these recordings and images for all purposes of marketing or promoting WU-CDS without payment to, or additional consent of Participant.

_____ _____

Signature of registrant, no registrants under 18 Date

This form must be completed by registrant, no registrants under 18, and returned prior to the program's deadline. Failure to return this form will preclude any registrants from participating in any activities at WU-CDS.