



# University of Hawai'i Track & Field

## 2017 SUNRISE SERIES

### Schedule of Events:

Sunrise Meet # 1 - Season Opener	Saturday - January 21, 2017
Sunrise Meet # 2 - Dr. Donnith Thompson Memorial Meet	Saturday - February 4, 2017
Sunrise Meet # 3 - Leah Bennett Invitational	Saturday - March 11, 2017

All track events, horizontal jumps, and vertical jumps will be held at the Clarence T.C. Ching Athletics Complex. Throws (Shot, Weight, Hammer, Discus and Javelin) will be held on the lower grass practice field located diamond head/Mauka of the track facility.

### Meet Schedule (subject to change)

	Sunrise # 1	Sunrise # 2	Sunrise # 3
8:00 am	Pole Vault	Pole Vault	Pole Vault
	Hammer	Discus	Hammer
	High Jump	High Jump	High Jump
9:00 am	Weight Throw	Long Jump, Shot Put	Discus
9:30 am			Long Jump
10:00 am	Shot Put	Triple Jump, Weight Throw	Shot Put
11:00 am	Javelin, Long Jump	Javelin	Triple Jump, Javelin
	Triple Jump		
Noon			

8:00 am	3000m	3000m	5000m
8:30 am	Mile	400m	100H
8:45		1500m	110HH
9:10 am	60H	60H	100m
9:20 am	60m	60m	
9:30 am	800m		1500m
9:45 am	150m	800m	
10:00 am		200m	2000m SC
10:20 am	300m		200m
10:45 am	-	4 x 400m	400H
11:00 am	4 x 400m		800m
11:15 am	-	-	400m
11:30 am		-	4 x 100m

Please arrive well before your suggested start time as we will run ahead or behind schedule depending on the number of participants. Events can also be cancelled if there are too few participants. The decision to cancel will be made prior to the start of each event.



## Entry Procedures

Email entries to Tim Boyce (tboyce@hawaii.edu) including name, affiliation (club), events to be entered including entry mark by each Friday, Noon, prior to meet. **No In person registration will take place on site.** All participants must complete a Risk & Release form prior to competing in their chosen events. If the participant is under 18 years of age, the Risk and Release form will need to be completed by a parent or legal guardian. In the case of a legal guardian, please bring documentation to certify the relationship.

Entry fee into each of the Sunrise Series will be free, donations gladly accepted online at <https://giving.uhfoundation.org/give/giving-gift.aspx?allocation=12443404&site=AKA>.

## Meet Information

If there is a lack of participation in a particular event, the event may be cancelled before or during the meet.

**Track Events.** Participants will be asked to indicate an estimated performance or “seed mark”. This will ensure that you are grouped with other participants of similar ability. Ability level and not your age or gender will be the deciding factors in race sections. It is the responsibility for each participant to be aware of changing start times and listen for marshalling calls to report to the start of their event.

**Field Events.** For all throws and horizontal jumping events, participants will receive 4 attempts. Participants will be required to report to event site at least 15 minutes prior to the start of the event. Warm-Ups will be closed 2 minutes prior to the start of the event. Please see schedule for start times.

**Restrictions.** We reserve the right to refuse entry to athletes who present a danger to themselves, other participants and meet staff.

**Regarding Vertical Jumps.** Please indicate to the event staff and/or officials of your starting height at least 10 minutes prior to the start of the event.

**Regarding Pole Vault.** In order to compete in the Pole Vault event, you must have a coach present, and you must provide your own poles. Poles will not be provided by the meet or home institution.

**Regarding Throws.** In the Hammer, Weight Throw, Javelin, Discus and Shot Put events, participating athletes must have prior experience and a basic technical understanding of the event and its rules. Participants must follow all instructions set forth by meet staff and officials.

**Regarding Triple Jump/Long Jump:** Horizontal jumpers who are unable to use the set take-off boards will be responsible for using their own tape to mark their take-off board. It is the responsibility of the participant to notify meet staff and officials of their temporary take-off mark.

**Results.** Results will be posted on HawaiiAthletics.com on the Track & Field webpage no later than Monday after the meet.

**Questions?** If you have any questions, please contact Tim Boyce at [tboyce@hawaii.edu](mailto:tboyce@hawaii.edu)



Sunrise Series Meet Risk & Release Form
(please read and print clearly)

Name of Participant : (Last) (First) (M.I.)

Dates of Program : January 21, 2017 to March 11, 2017

FOR CHILDREN (TO BE SIGNED BY PARENT OR LEGAL GUARDIAN)

I/WE, CERTIFY THE ABOVE NAMED CHILD IS IN GOOD PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN ALL ACTIVITIES OF THE ABOVE NAMED PROGRAM. I/WE, ALSO UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE INHERENT DANGERS AND RISKS INVOLVED WITH PARTICIPATION IN THE ABOVE NAMED PROGRAM WITH THE UNIVERSITY OF HAWAII WHICH INCLUDE BUT ARE NOT LIMITED TO: DANGERS RANGE FROM MINOR INJURIES SUCH AS BRUISES, LACERATIONS, STRAINS, AND SPRAINS TO SERIOUS CATASTROPHIC INJURIES, INCLUDING PERMANENT DISABILITY AND DEATH, AS WELL AS PROPERTY LOSS & SEVERE ECONOMIC AND SOCIAL LOSSES.

THEREFORE, IN CONSIDERATION OF ABOVE NAME CHILD BEING PERMITTED TO PARTICIPATE IN THE ABOVE NAMED PROGRAM, I/WE HEREBY AGREE TO ASSUME ALL RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE NAMED PROGRAM. I HAVE READ AND UNDERSTAND ANY AND ALL WRITTEN MATERIALS SETTING FORTH THE REQUIREMENTS FOR PARTICIPATION IN THE ABOVE REFERENCED ACTIVITY, AS WELL AS THOSE EXPLAINED BY THE INSTRUCTOR(S), AND I/WE AGREE TO STRICTLY OBSERVE THEM.

Print Name (Parent/Legal Guardian) Signature Date

FOR ADULTS (TO BE SIGNED BY ALL PARTICIPANTS)

I, CERTIFY THAT I AM IN GOOD PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN ALL ACTIVITIES OF THE ABOVE NAMED PROGRAM. I, ALSO UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE INHERENT DANGERS AND RISKS INVOLVED WITH PARTICIPATION IN THE ABOVE NAMED PROGRAM WITH THE UNIVERSITY OF HAWAII WHICH INCLUDE BUT ARE NOT LIMITED TO: DANGERS RANGE FROM MINOR INJURIES SUCH AS BRUISES, LACERATIONS, STRAINS, AND SPRAINS TO SERIOUS CATASTROPHIC INJURIES, INCLUDING PERMANENT DISABILITY AND DEATH, AS WELL AS PROPERTY LOSS & SEVERE ECONOMIC AND SOCIAL LOSSES.

THEREFORE, IN CONSIDERATION OF MYSELF BEING PERMITTED TO PARTICIPATE IN THE ABOVE NAMED PROGRAM, I HEREBY AGREE TO ASSUME ALL RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE NAMED PROGRAM. I HAVE READ AND UNDERSTAND ANY AND ALL WRITTEN MATERIALS SETTING FORTH THE REQUIREMENTS FOR PARTICIPATION IN THE ABOVE REFERENCED ACTIVITY, AS WELL AS THOSE EXPLAINED BY THE INSTRUCTOR(S), AND I AGREE TO STRICTLY OBSERVE THEM.

Print Name (Parent/Legal Guardian) Signature Date

MEDICAL CONSENT

I/WE, THE UNDERSIGNED, CONSENT TO AND AUTHORIZE ANY MEDICAL PROFESSIONAL AND OTHERS WORKING UNDER THEIR SUPERVISION TO TREAT MYSELF OR THE ABOVE NAMED CHILD FOR ANY INJURY OR ILLNESS ARISING FROM OR RELATED TO MY PARTICIPATION IN THE ABOVE NAMED PROGRAM.

I/WE FURTHER AGREE TO PAY ANY AND ALL MEDICAL EXPENSES, COSTS AND OTHER CHARGES AND TO RELEASE AND DISCHARGE AND HOLD HARMLESS THE UNIVERSITY OF HAWAII, STATE OF HAWAII, ITS OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FROM AND AGAINST ANY LIABILITY OR ANY CLAIMS OR DEMANDS ARISING FORM OR CONNECTED WITH SUCH MEDICAL TREATMENT OR CARE.

EMERGENCY CONTACT

Table with 2 columns: NAME, PHONE. Rows for 1st Person To Contact, 2nd Person To Contact, Physician To Contact.

Print Name (Parent/Legal Guardian) Signature Date