



**NIAGARA OLYMPIC TRACK AND FIELD COMPLEX**  
**RECREATIONAL USE - SHOE TAG APPLICATION 2017**

The Niagara Olympic Club operates the Track and Field Complex located at 78 Louth St., St. Catharines, and thereby assumes responsibility of the upkeep and repairs. The Track and Field Complex is not a public park, but is open for community use for RECREATIONAL RUNNERS, who are shoe tag holders. The shoe tag must be with the person using the facility. The track is closed during Club practice times, which are Monday and Thursday from 6:00 PM to 8:00 PM and Saturday from 10:00 AM to 12:00 PM. For daytime closures, please check the Spring Track Meets Permit Calendar. No bikes, roller blades or dogs are allowed. NO TRAINING SPIKES ALLOWED. A shoe tag costs \$33.00 and is valid from January 1<sup>st</sup> 2017 to December 31<sup>st</sup> 2017. The Shoe Tag is NON-TRANSFERABLE. You can purchase your shoe tag by mailing in the application or by purchasing in person during a Club practice as noted above. Please visit our website for more information.

[www.nocrunners.com](http://www.nocrunners.com)

**Fee: \$33.00**

**Payable to: Niagara Olympic Club, PO Box 30005, St. Catharines, ON L2S 4A1**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Waiver**

**In consideration of the acceptance of my application for a Shoe Tag for the year 2017, I, for myself, my heirs, my executors, administrators, successors and assigns HEREBY RELEASE WAIVE AND FOREVER DISCHARGE the Niagara Olympic Club and its respective agents, officials, employees, contractors, representatives, volunteers, successors, and CAUSED, arising or to arise by reason of my registration as a Shoe Tag Holder and the use of the Niagara Olympic Track and Field Complex, whether prior to, during or subsequent to any event and not withstanding that same may have been contributed to or occasioned by the NEGLIGENCE of any of the foresaid.**

Applicant's Signature: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Office use)	Date: _____
<input type="radio"/> Payment received by Cash or Cheque	
<input type="radio"/> Shoe tag mailed	
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