

Vertical Adventures Presents...

Adam James Furlong Memorial Pole Vault & High Jump Meet



**100% of Entry Fees & Donations
Are Tax-Deductible & Support the
Adam James Furlong Memorial Fund
At Haddon Heights High School*



Sunday, March 9, 2025

High Jump 9:00am (Check-In & Warm-Up 8am)

High Jump Competition (Boys/Girls & Men/Women)

Pole Vault 12:00 noon (Check-In & Warm-Up 11am)

Pole Vault Competition (Boys/Girls & Men/Women)

****Very Cool Awards To Top Finishers****

Adam James Furlong Memorial Meet Entry Form-2025

Meet Venue: Pivotal Training, 133 Eayrestown Road, Southampton, NJ 08088

Name _____ School/Club _____ Event: PV _____ HJ _____ PR _____

*Cell Phone # (_____) _____ *E-Mail Address _____

**Mandatory, Please Print Legibly! This Is Our Primary Method Of Contact With ALL Participants!*

Registration Fee: \$40 *Payable To Adam James Furlong Memorial Fund

*Can't Make The Event? You Can Still Donate To Support Adam's Fund: \$ _____

Mail To: Vertical Adventures, 1 Sheffield Lane, Mt. Laurel, NJ 08054

PARENTAL CONSENT/PARTICIPATION WAIVER (2025): I HEREBY GRANT PERMISSION FOR MY CHILD TO COMPETE IN THE ADAM JAMES FURLONG MEET. I VERIFY THAT MY CHILD HAS HAD A PHYSICAL EXAM IN THE PAST YEAR AND IS ABLE TO PARTICIPATE IN THE ACTIVITIES RELATED TO THE MEET. I AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND MICHAEL PASCUZZO, BETH SIMMONS, TODD CURLL, DAN INGRUM, MATT CARTER, VERTICAL ADVENTURES, PIVOTAL TRAINING, ALL MEET STAFF, ALL MEET SPONSORS AND/OR THEIR AGENTS OR EMPLOYEES FROM ANY AND ALL LIABILITY FOR INJURY TO MY CHILD, MYSELF & ANY OTHER PERSONS, AS WELL AS ANY INJURY OR DAMAGE CAUSED BY MY CHILD. SHOULD MEDICAL TREATMENT FOR MY CHILD BE NECESSARY, I HEREBY AUTHORIZE ANY PHYSICIAN/TRAINER SELECTED BY CAMP PERSONNEL TO ORDER & CONDUCT MEDICAL OR SURGICAL PROCEDURES NECESSARY.

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____