

Super Sprint Triathlon

7:00 AM

November 9, 2013



FIRST Name: _____ MI: _____

LAST Name: _____ Gender: _____

Email: _____

Birthdate: _____ Age on 12/31/13: _____ Ph#: _____

Address: _____

City: _____ State: _____ Zip: _____

Check ONE: Age Group: _____ or Fat Tire: _____

Estimated 100 yard Swim Time: _____ First Time Triathlete? _____

USAT#: _____ Championship: _____

T-shirt (Check One): Sm _____ Med _____ Lg _____ XL _____ XXL _____

Pre-Existing **Medical Conditions** we should be aware of?

Emergency Contact: _____ Phone: _____

Registration Fees and Deadlines:

\$40 Student Special *Student ID required at packet pick-up

\$50 Postmarked by November 7th

No registrations will be accepted after the 7th of November.

Entries CANNOT be transferred to another individual / No Refunds

Right to cancel or reschedule:

Premier Health and Fitness Center reserves the right to cancel the race or start at a later time. This would only be done for inclement weather, emergencies, or natural disasters. In the event of a cancellation, there will be no refunds of entry fees. In the event of a cancellation for any other reason, there will be no refund of entry fees.

Release and Waiver of Liability

I hereby represent that I am physically capable of participating in the P3 Challenge Super Sprint Triathlon. I acknowledge that there are always certain risks associated with any physical activity, and I understand the risks associated with this event. I FULLY ASSUME THE RISK THAT I MAY SUFFER INJURY, ILLNESS, OR DEATH AS A RESULT OF PARTICIPATING IN THIS EVENT.

I, on behalf of myself, representative(s), administrator(s), and heir(s), do hereby release, discharge, and hold harmless Premier Health and Fitness Center, its shareholders, officers, directors, employees, agents, volunteers, assigns, and successors, along with the P3 Challenge Super Sprint Triathlon coordinators and volunteers, from any and all claims, demands, liabilities, or damages whatsoever arising from injuries or damage which may occur as a result of my participation in the P3 Challenge Super Sprint Triathlon.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during this event. No warranty as to the quality of medical care is made.

I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during this event and its related activities.

If the Participant listed below is under 18 years of age, all references above to "I" and "my" are to the Participant.

Participant Signature: _____ Date: _____

Parent/Guardian PRINT (under 18): _____

Parent/Guardian Signature (under 18): _____ Date: _____