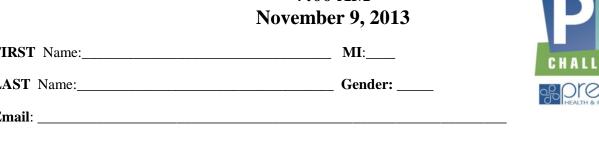
Super Sprint Triathlon 7:00 AM **November 9, 2013**



FIRST Name:		MII:	CH
LAST Name:		Gender:	ep (
Email:			9 11
Birthdate:	Age on 12/31/13 :_	Ph#:	
Address:			
City:		State: Zip:	
Check ONE: Age Group	: or Fat	Tire:	
Estimated 100 yard Swim T	ime:	First Time Triathlete?	
USAT#:		Championchip:	
T-shirt (Check One): Sm Pre-Existing Medical Condit	•		
Emergency Contact:		Phone:	
Registration Fees and Dead \$40 Student Special *Student \$50 Postmarked by Novembe No registrations will be accept	t ID required at packe er 7 th		
Entries CANNOT be transf	erred to another indi	vidual / 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 be 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: