



August 13th 2011
Clear Lake Picnic Area
Woodruff, Wisconsin

Individuals and Each Tri Team Member Must Fill out this entry form & a liability waiver

(Circle One) (All tri-team forms and waivers must be submitted together.)
Sprint individual Sprint Team Olympic Individual Olympic Team Sprint Team

Sprint Team Name _____ Olympic Team Name _____

NAME (FIRST) _____ (LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

D.O.B. ____/____/____ AGE ON RACE DAY _____ MALE _____ FEMALE _____

T-SHIRT SIZE: (ADULT -) S ___ M ___ L ___ XL ___

ENTRY FEES Each entry fee includes a t-shirt, race bag Make checks payable to: Minocqua Triathlon
Sprint Triathlon Individual: \$70.00 (\$80.00 after 7/15) \$ _____ Please send your entry forms,
Sprint Triathlon Team: \$120.00 (\$135.00 from 7/15) \$ _____ signed waivers and entry fees to:
 Minocqua Triathlon Registration
 Box 580 Minocqua WI 54548
Olympic Triathlon Individual \$70.00 (\$80.00 after 7/15) \$ _____
Olympic Triathlon Team: \$120.00 (\$135.00 from 7/15) \$ _____ Friend us on facebook
TOTAL ENTRY FEES \$ _____

Questions? Email us seemetri@gmail.com or www.minocquatriathlon.com

RELEASE NOTICE: THIS ENTRY BLANK AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING.
 In consideration of the acceptance of my application for entry in the above event, I hereby freely agree to make the following contractual representations and agreements. I fully realize the inherent dangers of participating in a triathlon and fully assume the risks associated with such participation including, by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other racers, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, and weather conditions, and the real possibility of serious physical and/or mental trauma or injury associated with athletic endurance competition. I am further aware that the course I will run is strenuous and long, and I participate in this race at my own risk, knowing that such physical exertion could cause me physical injury or death. I agree to be bound by all rules of the triathlon as established by the Minocqua Triathlon Organizers; to accept without question, all decisions of the triathlon judge(s), which shall be final and binding; and authorize the publication of my name and/or photograph(s) in connection with any triathlon news story and/or advertising. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest (hereinafter collectively "successors") any and all rights and claims which I have or which may hereafter accrue to me against the sponsors of this event, the promoter and any promoting organization(s), and all contributors of cash prizes, all volunteers who help with the race, property owners, law enforcement agencies, all public entities, special districts and properties (and their respective agents, officials and employees) through or by which the events will be held, for any damages, including but not limited to any damages resulting from or arising out of the negligence of any or all of the above-named sponsors of this event, which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I will abide by this release whether and Consent to the enforceability of this release and express assumption of risk. My signing of this agreement releases all sponsors, all contributors of cash prizes, volunteers, government entities and race officials from liability for any act or omission of theirs, including acts or omissions constituting negligence, in the conduct of this race which causes me personal injury, death or property damage. PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the event, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Signature _____ Date _____
 (If under 18 years)
 Parents Signature _____ Date _____



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