

Tremont Triathlon

REGISTRATION AND WAIVER FORM

In consideration of the foregoing, I myself, my executors, administrators, and assignees do hereby release and discharge the Tremont Area Park District, the Village of Tremont, any and all sponsors and/or volunteers for any claims of damages, demands or actions whatsoever in any manner arising or growing out of my participation in the Tremont Triathlon. I further acknowledge there are inherent risks associated when choosing to participate in an event such as this and I have sufficiently trained and am in good health to do so. In the event of an emergency, I authorize the race personnel and officials to notify Tremont Rescue 702, administer any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above and release the above of all claims and permission to secure treatment.

Participant's Signature: _____

Parent/Guardian Signature (if minor): _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail address: _____

Age on race day: _____ Sex: M or F

Division: Age Group or Team

T-shirt Size: S M L XL XXL

IF YOU REGISTER AFTER JUNE 6th, YOU MAY NOT BE GUARANTEED A T-SHIRT!!!

Estimated swim time for 400 yards: _____

If you are on a team, each team member needs to fill out a form and circle which of the following you will be doing:

Swim Bike Run

Make checks payable to: Tremont Area Park District

Individuals: \$55

Teams: \$100

Mail to: Tremont Area Park District

PO Box 1085

Tremont, IL 61568