

2011 Phillips Chain of Lakes Triathlon Entry Form

Please indicate which race you would like to enter by choosing from the following:

Short Course – Individual Entry ⇒ \$50 fee (\$55 after June 20, 2011)

Short Course – Relay Entry ⇒ \$90 fee (\$105 after June 20, 2011)

Please note that all members of a team must complete a separate entry form.

Registration fees include shirt, catered lunch and other packet items

Team Name (if applicable):					
Team Captain (if applicable):					
First Name:			Last Name:		
Address:			City:		State:
Zip:	Phone #:		Email:		
Date of Birth: ___/___/___	Age on Race Day:		Sex: M F	Shirt Size: S M L XL XXL	
Emergency Contact Name:					
Emergency Contact Phone #:					

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that the Marshfield Clinic Flambeau Hospital Phillips Chain of Lakes Triathlon is an extreme test of a person's physical and mental limit and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, participants, spectators, volunteers, coaches, event officials, event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks for participating in this event. I certify that I am physically fit, have sufficiently trained for participation in the Phillips Chain of Lakes Triathlon, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event. In consideration of my application and permitting me to participate in the Marshfield Clinic Flambeau Hospital Phillips Chain of Lakes Triathlon, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON(S): City of Phillips, Price County, Superior Timing, LLC, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Marshfield Clinic/Flambeau Hospital Phillips Chain of Lakes Triathlon. I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident, and/or illness during the event. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law:

I hereby certify that I have read this document and I understand its content. Race Rules will be provided at the event.

_____/_____/_____
 Signature Date

 *Parent/Guardian Signature if Under 18

Print and mail this form with payment to:

Chain of Lakes Tri
PO Box 224
Phillips, WI 54555

Make checks payable to:
Chain of Lakes Tri