



NAPOLEON TRIATHLON CHALLENGE

TEAM REGISTRATION FORM

Date: July 3, 2010

Time: Registration 7:00-7:45am, Pre-race meeting 7:45 am, START 8:00AM

*Questions: Please call Rachel at 419-592-0590 OR email at triathlonchallenge@hotmail.com

Name: _____

Address: _____

Phone Number: _____ Age: _____

Email Address: _____

Shirt Size- *adult unisex (please circle)*: Small Medium Large X-Large

TEAM Member #1: _____

TEAM Member #2: _____

TEAM Name: _____

Category (*please circle one*): Men - Women - Family – Corporate - Co-ed

Estimated 750 m Swim Time: _____ (*All unmarked entries will be placed in the final heat*)

Bike Type: (*please circle*) Road **OR** “Fat Tire”/mountain bike

WAIVER OF LIABILITY (*all participants must be age 13 or older*)

In consideration of my participation in this event, I the undersigned, intending to be legally bound, hereby, for my heirs, executors and administrators, waive and release any and all claims for damages I may have against any sponsors, the race director, and all related parties for any and all injuries by me in this event. I hereby assume the risk of participating in this event. I attest & verify that I am physically fit and sufficiently trained for the competition of the event. I hereby agree that in the event of the cancellation of this event due to inclement/hazardous weather my registration fee shall not be refunded.

Participant's Signature: _____ (parent or guardian if under 18) Date: _____

Please mail this form along with your check designated and made payable to:

**Napoleon Triathlon
PO Box 587, Napoleon, OH 43545**