

2008 Land Between The Lakes Triathlon Entry Form

Last Name First Name

Address

City State Zip

Phone Number Emergency Contact Name and Phone Number E-mail Address

Age Race Day Date of Birth Gender T-Shirt Size

Race Divisions: Individual Relay Clydesdale Athena

Relay Team Name (Note: All relay members must sign application below)

Relay Participants: Male Female Coed

Team Swimmer Name	Team Biker Name	Team Runner Name
T-Shirt Size S M L XL	T-Shirt Size S M L XL	T-Shirt Size S M L XL

Fee Schedule: Individual Relay Make check payable and send registration form to:

Postmarked Prior to April 15	\$ 45.00	\$ 55.00	Land Between The Lakes Triathlon
Late Registration	\$ 65.00	\$ 80.00	c/o 525 W Clark Street
			Albert Lea, MN 56007

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that the Land Between the Lakes Triathlon is an extreme test of a person's physical and mental limits 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, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in the Land Between the Lakes Triathlon, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form 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 Land Between the 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 Albert Lea, Freeborn County, Albert Lea Family Y, Pickle Events, 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 Land Between the Lakes Triathlon.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. 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.

Participant Signature Date Parent/Guardian Signature (if under 18) Date

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