

# Ellsworth Triathlon - June 12, 2010

## Participant / Volunteer Registration Form

Office Use \_\_\_\_\_

**Triathlon Individual Entry \$30** \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Estimated Swim Time: \_\_\_\_\_

Shirt Size:      S          M          L          XL  
 First: \_\_\_\_\_ MI \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Age on 6/12/10 \_\_\_\_\_ Sex (circle one) M      F

**Triathlon Team Entry \$45** \_\_\_\_\_

Event: Swim  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Estimated Swim Time: \_\_\_\_\_

Shirt Size:      S          M          L          XL  
 First: \_\_\_\_\_ MI \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Age on 6/12/10 \_\_\_\_\_ Sex (circle one) M      F

**Triathlon Team Member # 2**

Event: Bike  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Shirt Size:      S          M          L          XL  
 First: \_\_\_\_\_ MI \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Age on 6/12/10 \_\_\_\_\_ Sex (circle one) M      F

**Triathlon Team Member # 3 \$** \_\_\_\_\_

Event: Run  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Shirt Size:      S          M          L          XL  
 First: \_\_\_\_\_ MI \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Age on 6/12/10 \_\_\_\_\_ Sex (circle one) M      F

**Do you want to Volunteer!! No Fee**

Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Shirt Size:      S          M          L          XL  
 First: \_\_\_\_\_ MI \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Accident Waiver & Release of Liability**

I acknowledge that this athletic event 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, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent to athletes, but also present for volunteers. I hereby assume all the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained for participation in the event, 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 it will govern my actions and the responsibilities at said event.

In consideration of my application and permitting me to participate in this event, 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: Klaas- Jonas Community Pool & Fitness Influence LLC, Ellsworth School District, event sponsors, event directors, event volunteers; (B) Indemnify and hold harmless the entities or person 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 event.

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 law:  
 I hereby certify that I have read this document, and, I understand its content.

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Signature	Date	Parent/Guardian Signature (if under 18)	Date
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Signature	Date	Parent/Guardian Signature (if under 18)	Date
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Signature	Date	Parent/Guardian Signature (if under 18)	Date
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**Payment Form: Check or Money Order enclosed # \_\_\_\_\_ Make checks payable to Klaas-Jonas Pool**  
**All Participants and Volunteers must sign and send Registration Form and Waiver to:**  
 Klaas-Jonas Pool Triathlon, 312 West Panther Drive, Ellsworth, WI 54011