

Chequamegon Bay Sprint Triathlon

July 17, 2016 ~ 8am

Website Team Registration Form

Each team member must fill out, sign and return a registration form

www.cheqbaysprint.com



Name _____

Address _____

City, State, Zip _____

Telephone (____) _____ Birthdate _____

Email _____ Age on July 17, 2016 _____

Sex (M) _____ (F) _____ (must be 14 years or older)

Each racer receives a finisher technical running t-shirt. **shirt size:** S M L XL XXL
(shirts will be in women's or men's sizing)

How many Chequamegon Bay Sprint Triathlons have you participated in? _____

In case of an emergency, please contact _____

Contact number _____ Relationship to participant: _____

Team name: _____

REGISTRATION INCLUDES:
Each racer on the team
receives a running shirt
and a medal.

Teams are made up of 3 participants.
Fees: **Now—July 16** (no race day registration)
Team \$135.00
Local Team—Ashland or Bayfield County resident
\$130.00

Please read and fill out the information below. This is very important and you can't compete without this waiver.

Waiver & Release from Liability

Warning: Participating in the Chequamegon Bay Sprint Triathlon can be a serious threat to health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Chequamegon Bay Sprint Triathlon, I myself, my executors, administration, heirs, and assignees do hereby release and discharge Ashland County, the City of Ashland, Ashland Chamber of Commerce and all sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally, and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature, including, but not limited to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the aforesaid events. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in Chequamegon Bay Sprint Triathlon I require medical attention, I hereby give my consent to authorized medical personnel of Chequamegon Bay Sprint Triathlon to provide such medical care as is deemed necessary by such authorized personnel. The undersigned grant full permission to any and all of the foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

(Parent signs if registrant is under 18 years of age)

Participant Signature _____ Date _____

**Make checks payable & mail registration to : Chequamegon Bay Sprint Triathlon
P O Box 746, Ashland, WI 54806**