

Chequamegon Bay Duathlon  
 July 16, 2017 ~ 8am  
 Website Registration Form  
 www.cheqbaysprint.com



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Age on July 16, 2017 \_\_\_\_\_

Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ **(must be 14 years or older)**

Each racer receives a finisher technical running t-shirt. (unisex) **shirt size:** S M L XL XXL

Have you participated in the Chequamegon Bay Sprint Triathlon? \_\_\_\_\_

In case of an emergency, please contact \_\_\_\_\_

Contact number \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

REGISTRATION INCLUDES:  
 Each racer receives  
 running shirt and a medal

Fees:	Until April 30	May 1- July 3	July 4-15
<b>Individual</b>	\$60.00	\$65.00	\$70.00
<b>Local Individual</b> — <i>Ashland or Bayfield County resident</i>	\$55.00	\$60.00	\$65.00
	(no race day registration)		

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 Duathlon 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 Duathlon, 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 Duathlon I require medical attention, I hereby give my consent to authorized medical personnel of Chequamegon Bay Duathlon 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 Duathlon  
 P O Box 746, Ashland, WI 54806**