

2012 Chain of Lakes Sprint Triathlon Entry Form

Last Name	First Name	
Address		
City	State	Zip
Phone Number	Email	
Age Race Day	Date of Birth	Gender
		S M L XL XXL T-shirt Size

Divisions:

- Individual
- Elite Heat- Expect to finish < 1:12:00
- Relay- Local (all must be Alexandria Area Residents)
- Relay Open

Swim Heat Placement

(Estimated 600 yard swim time)

- Less than 7
- 8-10 minutes
- 10-12 minutes
- 12-14 minutes
- 14+ minutes

Relay Information:

Each team member must submit an entry form. Please send all entry forms together.

Relay Team Name

Swimmer	Biker	Runner
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Fee Schedule Postmarked By: Individual Relay

<input type="checkbox"/>	Through March 1	\$50.00	\$75.00
<input type="checkbox"/>	March 1-April 30	\$60.00	\$90.00

No Refunds Total Enclosed: _____

Make checks payable and send to: Lakes Area Recreation
Attn: Chain of Lakes Sprint Triathlon
720 Fillmore - Suite B020
Alexandria, MN 56308

ACCIDENT WAIVER AND 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 that 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: Alexandria Swim Club, Lakes Area Recreation, School District 206, 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 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 applicable law:

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

Signature	Date	Parent/Guardian Signature (If under 18) Date
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