

Lakes Country Triathlon Entry Form

| | | | |
|-------------------|---------------|--------|--|
| Last Name | First Name | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | Email | | |
| Age Race Day | Date of Birth | Gender | T-shirt Size |
| Divisions: | Individual | Relay | |
| | Clydesdale | Male | Female |
| | Athena | Co-ed | Local (must be Baxter/Brainerd Area Residents) |

Relay Information:

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

Relay Team Name

| | | |
|---------|-------|--------|
| Swimmer | Biker | Runner |
|---------|-------|--------|

| Fee Schedule Postmarked By: | Individual | Relay |
|-----------------------------|------------|----------|
| Through March 1 | \$50.00 | \$70.00 |
| March 1-August 5 | \$60.00 | \$85.00 |
| After August 5 | \$70.00 | \$100.00 |

Total Enclosed: _____

Make checks payable and send to:

Lakes Country Triathlon
2220 Norway Pine Road SW
Brainerd, MN 56401

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that the Lakes Country 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, volunteers, spectators, 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 Lakes Country 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 Lakes Country 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: Kiwanis Club, City of Baxter, Pickle Events LLC, Brainerd High School Swim Club, 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 persons 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 Lakes Country 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 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 |
|-----------|------|---|------|