



**2010 KGH SPRINT
TRIATHLON/ DUATHLON
INDIVIDUAL REGISTRATION
May 29, 2010**

KGH Sprint Triathlon
1161 10th Ave. NE
Salmon Arm, B.C. V1E 2V6
info@kghsprint.com

PERSONAL INFO:

First Name: _____
Last Name: _____
Address: _____
City: _____
Postal / Zip Code: _____
Country: _____
Phone: _____

Estimated Swim Time (750m): _____
Email: _____
ATA# (or Association #): _____
Expiry: _____
Date of Birth: _____
Age (as at May 29, 2010): _____
Sex (circle one): M F
T-shirt Size (circle one) S M L XL

REGISTRATION INFO:

- \$70 Triathlon Registration

- \$70 Duathlon Registration

- \$0 Tyke Registration
 (please fill out waiver and
 medical information)

- \$20 One Day ATA Insurance

RACE ANNOUNCER COMMENTS:

What is your occupation? _____

Significant accomplishments in triathlon:

Goals for this race:

People you would like to thank and any race announcers
comments you would like included:

\$ **TOTAL COST - add \$10
after March 1, 2010 (\$80)
+\$20 after May 1, 2010
(\$100)**

MEDICAL INFORMATION:

1. Do you have any current or chronic medical problems followed by a doctor?

2. Are you on any medications? If so, what?

3. Are you allergic to any medications or insect stings?

4. Additional medical comments:

Emergency Contact: _____ **Phone:** _____

**Athlete Waiver and Release and Indemnification
(Must be signed for entry acceptance)**

ALL ATHLETES: PLEASE READ CAREFULLY AND SIGN.

I acknowledge that the KGH Sprint Triathlon 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. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN THE KGH SPRINT TRIATHLON EVENT. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that the various race sponsors, organizers and administrators, permitting me to participate in the KGH Sprint Triathlon event, accept my statements on this release waiver. In consideration for allowing me to participate in the KGH Sprint Triathlon event, I **hereby take the following action for executor's administrator's heirs next of kin** successors assigns and myself:

- a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the KGH Sprint Triathlon event THE FOLLOWING PERSONS OR ENTITIES: Transition Event Management, KGH Mechanical Systems, Sylvan Lake Triathlon, Alberta Triathlon Association, Friends of Sylvan Lake, Town of Sylvan Lake, Alberta Transportation and Highways, Leduc County, Red Deer County, event sponsors, event directors, event producers, volunteers, all venues in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above;
- b) I AGREE NOT TO pursue any legal action against any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein;

c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during this KGH Sprint Triathlon Event. I hereby agree that in the event of the event cancellation due to a storm, rain, winds, inclement weather, or other "Acts of God" conditions, my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial use.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS RACE ENTRY IS NON-TRANSFERABLE AND THAT NO REFUND OF ENTRY FEES FOR ANY REASON INCLUDING CANCELLATION DUE TO SEVERE WEATHER. ALL ATHLETES MUST SHOW A PICTURE ID AT CHECK-IN.

_____	_____	_____
Participant Name	Signature	Date

_____	_____	_____
Parent or Guardians Name (for Tykes)	Signature (Parent or Guardian for Tykes)	Date

<p style="text-align: center;">Mail Registration Form and Cheque / Money Order To:</p> <p style="text-align: center;">Transition Event Management 1161 10th Ave. NE Salmon Arm, B.C. V1E 2V6</p>
