

2009 Lake Park Kids Triathlon Registration Form

*** REGISTRATION DEADLINE: July 27, 2009 ***

Participant's Name _____

(first)

(last)

Street Address _____

City _____ State _____ Zip _____

Phone # _____ DOB _____ Age _____

T-shirt Size: Youth S _____ Adult S _____ Gender: Male _____ Female _____
M _____ M _____
L _____ L _____ Lake Park Pool Member: Yes _____ No _____
XL _____ XL _____

Parent/Guardian Information: (E-mail needed for sending follow-up information)

Mother's Name _____ Work # _____

Mother's E-mail address _____ Cell # _____

Father's Name _____ Work # _____

Father's E-mail address _____ Cell # _____

Medical Concerns: _____

Parent Volunteers:

_____ Mother _____ Father is interested in volunteering! Please circle which area you would be interested in:

Registration

Water Stations

Body Marking

On Course

Registration Process:

Cost is \$15.00 Make checks payable to **Helene Lane**. Please send registration form, fee, and signed Waiver and Release form to:

Lake Park Kids Triathlon

c/o Helene Lane
6332 Secret Drive
Raleigh, NC 27612

Completed registration forms can also be submitted at the Lake Park pool snack bar. Please clearly mark envelope with name and address shown above.

Lake Park Kids Triathlon Acknowledgement, Waiver and Release

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL). I acknowledge that a 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 THE RISKS OF PARTICIPATING IN TRIATHLONS. 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. In consideration for allowing me to participate in this event, I hereby WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or damage of any kind, including economic losses, THE FOLLOWING PERSONS OR ENTITIES:

LAKE PARK SWIM CLUB, VOLUNTEERS, AND THE OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATION. I also ASSUME ANY AND ALL OTHER RISKS associated with participating including but not limited to falls, contact and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers.

PRINT NAME _____

SIGNATURE _____ DATE _____

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____, the parent and natural guardian of
(parent/guardian)
_____ hereby acknowledges that he/she has executed the foregoing
(minor's name)

AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. NOTE: Parent/Guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELATIONSHIP TO MINOR _____