



# Black River Coliseum Triathlon 2017 Form

**INDIVIDUAL ONLY COMPLETE BELOW: DIVISION: (CIRCLE ONE) MEN WOMEN**

Best Swim Time: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Liability Waiver: In consideration of the foregoing, I for myself, executors, administrators and assignees, do hereby release and discharge the Black River Coliseum Aquatic and Fitness Center and all co-sponsors from all claims of damage, demands, cause of action whatsoever, in any matter arising out of my participation in this triathlon. Furthermore, I understand that this event is extremely physically demanding, and am in proper condition to participate.**

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

**All Participants must wear a **Bicycle Helmet** when participating in the riding section of event**

**\*\*No fees will be refunded under any circumstances.**

Register by completing and turning in this form. If you or your team expects to finish in 2 ½ hours or more.

Please check here

**Team Division  
2 or 3 person Teams Accepted**

**TEAM COMPLETE BELOW:**

**Team Division: (circle one) MEN WOMEN CO-ED**

\*Each team member must fill out entry form completely and sign the waiver before participating.

**Swimmer** Name \_\_\_\_\_ Phone \_\_\_\_\_ T- Shirt Size \_\_\_\_\_ Best Swim Time: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Biker** Name \_\_\_\_\_ Phone \_\_\_\_\_ T- Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Runner** Name \_\_\_\_\_ Phone \_\_\_\_\_ T- Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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Signature of Swimmer or Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Biker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Runner \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*No fees will be refunded under any circumstances.**