

For Office Use Only

Contestant Number

POTSDAM TRIATHLON ENTRY FORM

¼ MILE SWIM – 12 MILE BIKE – 3 MILE RUN

September 10, 2011

NAME: _____ SEX: _____ AGE (ON RACE DAY): _____

ADDRESS: _____

DOB: _____ PHONE: _____

T-SHIRT SIZE: S _____ M _____ L _____ XL _____

TEAM: YES or NO

Swimmer's name _____

Biker's name _____

Runner's name _____

Waiver of Legal Liability: I know that racing a triathlon is potentially a hazardous activity I should not enter and compete unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all the risks associated with running in this event, including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, by signing below for myself and anyone entitled to act on my behalf, do hereby release and discharge from SUNY Potsdam, the Intramural and Recreation Department, the Athletic Department and the directors, the Race Director, the Town of Potsdam with St. Lawrence County, and all volunteers and sponsors, their representatives, successors and assigns for any and all injuries suffered by me in this event however incurred or sustained. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event.

SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____
(if under 18 years of age)

Each team member must complete his/her own application form with appropriate signatures.