

REGISTRATION FORM - STOWE TRIATHLON 2018

Completed application and payment postmarked by May 16, 2018 to:

MAIL: The Swimming Hole • 75 Weeks Hill Road • Stowe, Vermont 05672

FAX: 802.253.9119 *(copies accepted)*

Individual \$55 *(before May 1st)*

Individual \$65 *(on/after May 1st)*

Team \$125 *(before May 1st)*

Team \$135 *(on/after May 1st)*

(Each team member must complete this form & submit them together with their team-mates forms.)

MY EVENT Swim Bike Run
GENDER Male Female
AGE 15-21 22-29 30-39 40-49 50-59 60-69 70+
T-SHIRT SIZE Small Medium Large X-Large

NAME _____

TEAM NAME *(if applicable)* _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # _____

EMAIL _____

500 METER SWIM TIME *(approximate - Time will be used to seed swimmers)* _____

(NO swim time entry submission will not be accepted, writing "SLOW" for your time will not get you in either, time yourself & list your time.)

Conversion Formula • 500 yard swim time _____ / .9049 = your 500 meter time

PAYMENT \$ _____ **CHECK ENCLOSED PAYABLE TO THE SWIMMING HOLE** *Registration fees are non-refundable*

VISA **MC** **AMEX** **CC#** _____ **exp** _____

EMERGENCY CONTACT _____ **PHONE #** _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

I wish to use the facilities and equipment and engage in activities at The Swimming Hole. I also wish to allow guests and my child or children and other minors to use the facilities and equipment and engage in activities. Use of the word "I" in this document means and includes me individually and as parent, guardian, or supervisor on behalf of such child or children, minor, or guest.

I am aware that using the facilities and equipment and engaging in activities at The Swimming Hole involve risks of injury, disability, and death by drowning and other causes. I hereby assume all risks and accept full responsibility for any such injury, disability, or death.

I attest that I am physically fit without any medical or health problems. I have arranged for medical insurance coverage and such life insurance as I deem necessary or advisable.

I hereby release and absolve The Swimming Hole and all employees, agents, officers, directors, and other persons involved in any way with The Swimming Hole from any and all liability for injury, disability, death, or other loss incurred by me or any such children, minors, or guests using the facilities and equipment and engaging in activities at The Swimming Hole, except that this release shall not apply to wilful malfeasance or intentional wrongdoing by The Swimming Hole. I covenant not to commence any lawsuit or take any other proceeding or action against The Swimming Hole or any employees, agents, officers, directors, and other persons for any such liability, each and all of whom I agree to indemnify and hold harmless from all costs and expenses, including reasonable attorney's fees, they may incur in the event any such lawsuit, proceeding, or action is taken.

I understand that by signing the release of liability, I am waiving substantial rights, and I do so voluntarily with full knowledge of the significance of this document.

SIGNATURE (ADULT) _____ **DATE** _____

SIGNATURE (MINOR) _____ **DATE** _____

PRINT _____