

11<sup>TH</sup> ANNUAL PAPILLION DAYS DUATHLON  
SUNDAY, JUNE 17<sup>TH</sup> 2012

TEAM ENTRY FORM

Mail completed entry form along with check or money order made payable to:

PAPILLION RECREATION DEPARTMENT  
1100 W. LINCOLN STREET, PAPILLION, NE 68046  
PHONE (402) 597-2041 • FAX (402) 597-2080

REGISTRATION DEADLINES:

REGISTRATIONS POSTMARKED AFTER MAY 17<sup>TH</sup> **MUST** INCLUDE THE \$15 LATE FEE.

**NO** SAME DAY REGISTRATIONS WILL BE ACCEPTED. **LIMITED TO THE FIRST 250 RACERS. REGISTRATIONS WILL BE ACCEPTED UP UNTIL JUNE 11<sup>TH</sup> OR UNTIL THE 250 MARK IS REACHED.**

Team Name: \_\_\_\_\_ (Required)

Runner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size: **Youth** S M L **Adult** S M L XL XXL

**Technical Shirt - ENTRY MUST BE RECEIVED BY MAY 17<sup>TH</sup>. Size and availability may be limited after this date.**

Cyclist's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size: **Youth** S M L **Adult** S M L XL XXL

**Technical Shirt - ENTRY MUST BE RECEIVED BY MAY 17<sup>TH</sup>. Size and availability may be limited after this date.**

<b>Fees:</b>	Duathlon Team (1/15-5/17).....	\$65.00	_____
	Duathlon Team Late Registration (5/18-6/11).....	\$80.00	_____
	..... Total		_____

Waiver

I know that competing in a multi-sport event is a potentially hazardous activity. I should not enter and compete unless I am medically able to run/bike the distances of this event. I agree to abide by any decision of a race official relative to my ability to safely compete in this event. I fully understand the nature of this activity, and I waive and release and hold harmless the City of Papillion and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may incur. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I have read and clearly understand the above statements, and realize this is a contract between myself and the City of Papillion and is a release of liability. I sign it of my own free will.

Runner:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If under the age of 18, a parent or guardian must sign.)

Cyclist:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If under the age of 18, a parent or guardian must sign.)