

8TH ANNUAL PAPILLION MAYOR'S TRIATHLON
PRESENTED BY HY-VEE AT SHADOW LAKE
SUNDAY, JULY 15TH, 2012

INDIVIDUAL 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 JUNE 15TH **MUST** INCLUDE THE \$15.00 LATE FEE.
NO SAME DAY REGISTRATIONS WILL BE ACCEPTED. **LIMITED TO THE FIRST 250 RACERS.**
REGISTRATIONS WILL BE ACCEPTED UP UNTIL JULY 9TH OR UNTIL THE 250 MARK IS REACHED.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____

Phone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Age on Race Day (determines age group): _____ Male _____ Female _____

Estimated Swim Time of 500 Meters: (Required) _____

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

Technical Shirt - ENTRY MUST BE RECEIVED BY JUNE 15TH. Size and availability may be limited after this date.

Fees:	Triathlon Individual (1/15-6/15)	\$45.00	_____
	Triathlon Late Registration (6/16-7/9)	\$60.00	_____



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 swim/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.

Print Name: _____ Date: _____

Signature: _____

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