

8<sup>TH</sup> ANNUAL PAPILLION MAYOR'S TRIATHLON  
 PRESENTED BY HY-VEE AT SHADOW LAKE  
 SUNDAY, JULY 15<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 JUNE 15<sup>TH</sup> **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 9<sup>TH</sup> OR UNTIL THE 250 MARK IS REACHED.**

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

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

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

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

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Estimated Swim Time: (Required) \_\_\_\_\_

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

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

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 JUNE 15<sup>TH</sup>. Size and availability may be limited after this date.**

<b>Fees:</b>	Triathlon Team (1/15-6/15) .....	\$112.50	_____
	Triathlon Team Late Registration (6/16-7/9) .....	\$127.50	_____
	.....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 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.)