

# REGISTRATION AND WAIVER

Name \_\_\_\_\_ Birth year \_\_\_\_\_  
 Address \_\_\_\_\_ Gender  M  F  
 City/St/ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_  cell  days  eves

Emergency contact: name \_\_\_\_\_ phone \_\_\_\_\_

Participation Category <input type="checkbox"/> Age Grouper (men 200 lbs or more) <input type="checkbox"/> Zeus (optional) (ladies 150 lbs or more) <input type="checkbox"/> Xena (optional) <input type="checkbox"/> Team Member	Gender specific / wicking shirt – size needed: Youth    S    M    L Adult    S    M    L    XL Adult    2XL 3XL 4 XL 5XL
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Team Name \_\_\_\_\_  
 Men's names of swim \_\_\_\_\_  
 Women's all team bike \_\_\_\_\_  
 Coed members run \_\_\_\_\_

**(Team registration forms – one for each team member – *please* submit together)**

## RCRC WHITE SQUIRREL TRIATHLON WAIVER AND RELEASE

In consideration of acceptance of my entry or my child's entry, I understand and agree that

- I am voluntarily participating in the RCRC White Squirrel Triathlon, and have read and agree to comply with all rules, regulations, and event instructions.
- I fully understand that my participation in the RCRC White Squirrel Triathlon could result in serious injury to me or my child, including death.
- I fully assume all risks and desire to participate without regard to those risks. I certify that I and any other participants that I am registering are physically fit and have sufficiently trained for participation in this event.
- I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Olney, all event sponsors, organizers, volunteers, and representatives and their families from any and all claims and liabilities of any kind suffered by me or my child in conjunction with this event, including pre- and post-event activities.
- I further indemnify and hold harmless the City of Olney, its officers and employees from any and all claims or lawsuits resulting from personal injury, including death, or property damage arising from or in any way connected to the special event; excepting any claims arising solely out of the negligent acts of the City, its officers and employees.
- In the event that I am in need of medical treatment and unable to give consent to the employees or agents of Carle Richland Memorial Hospital, Carle Richland Memorial Ambulance Service and such other medical personnel that are on hand, such medical personnel are authorized to provide me with emergency medical treatment they deem necessary.
- I also give permission for the free use of my name and/or pictures or video in any broadcast or any account of this event.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of participant under 18

\_\_\_\_\_  
Date

- My registration fee of \_\_\_\_\_ and my additional gift of \_\_\_\_\_ is enclosed.  
 I am a Richland County youth born between 1998-2007 and eligible for fee waiver.  
 I am a nonRichland County youth born between 1998-2007 and eligible for reduced fee.

**Maps, Rules and Regulations, link to on-line registration and registration (participants and volunteers) and sponsorship forms may be downloaded at [www.rcrcwhitesquirreltri.com](http://www.rcrcwhitesquirreltri.com).**