

Umpqua Ultimate Triathlon Registration

Event Date: September 4, 2010

Name _____ Sex **M / F**
Last First

Street _____

City _____ State _____ ZIP _____

Phone (____) _____ E-mail _____

DOB ____/____/____ Shirt size: **XXL** ____ **XL** ____ **L** ____ **M** ____ **S** ____
mm dd yyyy

Emergency contact name _____
Emergency contact phone (____) _____

Individual Divisions

<input type="checkbox"/>	Olympic Triathlon	\$65
<input type="checkbox"/>	Olympic Duathlon	\$55
<input type="checkbox"/>	Sprint Triathlon	\$50
<input type="checkbox"/>	10K Run/Walk	\$15
<input type="checkbox"/>	5K Run/Walk	\$10

Make checks payable to:
The Purple Foot Gang

Mail registration and payment to:
The Purple Foot Gang
c/o Debbie Robertson
130 S Comstock, Ste 112
Sutherlin, OR 97479

Team Divisions

<input type="checkbox"/>	All Male Olympic Triathlon	\$135
<input type="checkbox"/>	All Female Olympic Triathlon	\$135
<input type="checkbox"/>	Coed Olympic Triathlon	\$135
<input type="checkbox"/>	All Male Sprint Triathlon	\$90
<input type="checkbox"/>	All Female Sprint Triathlon	\$90
<input type="checkbox"/>	Coed Sprint Triathlon	\$90
<input type="checkbox"/>	All Male Olympic Duathlon	\$90
<input type="checkbox"/>	All Female Olympic Duathlon	\$90
<input type="checkbox"/>	Coed Olympic Duathlon	\$90

Team Name *(required unless entering solo)*

I am the team:
____ swimmer ____ cyclist ____ runner

Each team member must complete an entry form. Be certain to put your team name on each form and mail together if possible.

WAIVER

I acknowledge that a multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am capable of completing all disciplines of this event that I attempt, and that I am physically fit and have sufficiently trained. I agree to abide by the competitive rules. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I hereby waive, release and discharge from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or relate to my participation in this event. I agree not to sue, and to hold harmless any and all persons, organizers, sponsors, volunteers, participants or government agencies for any and all claims or liabilities that I have waived, released or discharged herein.

I have personally inspected all equipment that I am using and have determined that it is in suitable condition and accept full responsibility for its' use. I understand that this course is open to normal road traffic and agree to obey all local traffic laws. Further, I hereby grant full permission to any and all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising. I further agree to return my issued timing chip at the finish or pay a \$30 replacement fee. The entry fee is non-refundable and non-transferable. A parent or guardian must sign for all persons under age 18.

X _____
signature of participant

X _____
signature of parent or guardian if under 18