



Bay Days

Ashland, Wisconsin

Sunday, July 19, 2009

Chequamegon Bay Sprint Triathlon at Bay Days Registration Form

Name _____

Address _____

City, State, Zip _____

Telephone () _____ Birthdate _____

Email _____ Age on July 19th, 2009 _____

Sex (M) _____ (F) _____ Shirt Size (circle one) Sm Med Large X-L XXL

Fee: Early Bird
\$40.00

After June 10th
\$45.00

Race Weekend
\$50.00

Check Enclosed _____

Please read and fill out the information below.
This is very important and you can't compete without this waiver.

Waiver & Release from Liability

Warning: Participating in the Chequamegon Bay Sprint Triathlon can be a serious threat to health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Chequamegon Bay Sprint Triathlon, I myself, my executors, administration, heirs, and assignees do hereby release and discharge the , Ashland County, City of Ashland, Bad River Indian Tribe, Ashland Chamber of Commerce and all sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature including, but not to limit to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the afore said events. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in Chequamegon Bay Sprint Triathlon I require medical attention, I hereby give my consent to authorized medical personnel of Chequamegon Bay Sprint Triathlon to provide such medical care as it is deemed necessary by such authorized personnel. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

Signature _____ Date _____

Parent's Signature if under 18 _____ Date _____