

2009 REC-PLEX FALL Triathlon - Age Group Division Entry Form

Make checks payable to: City of St. Peters

Mail to: City of St. Peters, Attn: Rick Oloteo, 5200 Mexico Road, St. Peters, MO 63376

Name: _____

Phone (evening): _____

Address: _____

City: _____ Zip: _____

Emergency Contact: _____

Contact's Phone: _____

Date of Birth: _____

Age on Race Day: _____

Circle One: Male Female

Circle T-Shirt Size: S M L XL

WAIVER OF LIABILITY: In consideration for the opportunity to participate in this program or as a parent/guardian of a minor child participating in this program, I recognize that such an undertaking involves an element of risk. Therefore, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the City of St. Peters, its agents, employees, officers and volunteers. Neither the City of St. Peters, nor any of said persons, shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. I also agree to grant full permission to the City of St. Peters to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability to me or my family. **Registration is invalid without signature.**

Signature of registering participant

Date