

ENTRY FORM may be dropped off in person or mailed to:

The Runners Den

#6, 5511 Gaetz Ave. Red Deer, Alberta T4N 4B8

Attention: Woody's RV Triathlon



www.woodystriathlon.com

June 26 & 27, 2010

For more information call: Val Jensen 403-342-6494 email: val@woodystriathlon.com
Dwayne Loyek (The Runners Den) 403-341-4446

**ENTRY FORM MUST BE RECEIVED BY JUNE 19, 2010 (or sooner if race sells out)
ENTRY FORM WILL NOT BE PROCESSED UNLESS ALL FIELDS HAVE BEEN COMPLETED**

Name _____ M F Age as of Dec 31/10 _____ D.O.B. _____

Address _____

City _____ Province _____ Postal Code _____

Phone No _____ Email _____

Team Name _____ Team Position (please circle) Swimmer Biker Runner

(Each athlete must fill out an entry form and submit all 3 together)

Alberta Triathlon Assoc. # _____ Expiry Date _____

Racers 5 – 19 years must be ATA Members. Go to www.triathlon.ab.ca

Shirt Size (KID's sample sizes are available at Runners Den)

PLEASE CIRCLE

MENS small med large xlarge xxlarge

LADIES small med large xlarge xxlarge

YOUTH small (6-8) med (10-12) large (14-16) xlarge (18-20) **T-Shirts not guaranteed after May 31, 2010 deadline.**

Pick your events

Before May 31/10

After May 31/10

<input type="checkbox"/> Kids of Steel (ATA member)	\$35	\$45
<input type="checkbox"/> Junior Sprint Ages 16-19 (ATA member)	\$70	\$80
<input type="checkbox"/> Adult Sprint (ATA member)	\$70	\$80
<input type="checkbox"/> Adult Sprint (Non ATA member)	\$90	\$100
<input type="checkbox"/> Team Relay Ages 16+ (ATA members)	\$135	\$145
<input type="checkbox"/> Team Relay Ages 16+ (Non ATA members)	\$155	\$165

ABSOLUTELY NO REFUNDS

TOTAL \$

PAYMENT: Cheques or money orders made payable to "Woody's RV World Triathlon"

No debit or credit card available when paying in person. SORRY NO REFUNDS FOR ANY REASON.

Photo Release: I grant representatives of Woody's RV Triathlon, the right to take photographs of me and my property and authorize to use and publish the same in print and/or electronically. I agree that Woody's RV Triathlon may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Signature _____

Estimate your Swim time KOS: _____ mins **Please circle one:** Recreational Red Cross Level Swim Club Level

Estimate your Swim time Adult and Jr Sprint _____ mins

Note: This is mandatory to help place racers in starting heats. Entries will not be accepted if swim times are not filled out.

Is this your 1st Triathlon? Yes No

Comments for Announcer to read _____

ACKNOWLEDGEMENT OF RISK (please read carefully and sign) acknowledge that participation in the sport of triathlon might result in personal injury to myself due to the endurance nature of the sport and the inherent risks associated with swimming, biking and running, especially on public roads. I accept these risks. In consideration of my participation in Alberta Triathlon Association sanctioned event, its' directors, officers, employees, coaches, volunteers, members and agents shall not be liable for any personal injury or loss I might suffer from any such participation, unless such loss shall be caused by the negligence of anyone or more of the above-names whilst acting within the scope of their duties.

Signature _____ Date _____

For members under 18, the following must also be signed. As parent of the above-named child, I agree to my child participating in the sport of triathlon and have instructed my child of the risks involved and to be safety conscious.

Signature of Parent or Guardian _____ Date _____

MEDICAL QUESTIONNAIRE The following information is crucial to our medical staff to insure proper care in the event of an accident or illness during the event.

Do you wish the medical/first-aid staff of Woody's RV World Triathlon to be aware of any specific medical problems?

Yes No Please list any medical conditions _____

RACE DAY EMERGENCY CONTACT PERSON

Name _____ Phone Number _____