

MIDTOWN ATHLETIC CLUB®

SPRINT TRIATHLON REGISTRATION AND WAIVER **SINGLE PARTICIPANT (Ages 12+)** ***Saturday May 12th, 2012***

Participants Name (Please Print) _____ Birth Date _____ Gender _____

Parents Name (if age 13-17) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Your results will be posted. Would you like your name to be posted with your results? YES NO

Fees: \$30 Member and Finger Lakes Tri Affiliates, \$40 Non-Member

Total Program Fees _____

Circle Payment Method: House Charge Check Cash Credit

Card # _____ Expiration Date _____ Name on card _____

Place the participant in the wave of their choice. Follow all wave instructions. Racer should remember this information. In the event of lightning the event will be run/bike/run.

RELEASE AND HOLD HARMLESS WAIVER

I represent that I am (my child is) physically fit to perform swimming and other activities which I (s/he) may undertake at the Midtown Athletic Club (the "Club") and that I am solely responsible for all health risks associated with such activities. I hereby, individually and on behalf of my child, fully and forever waive, release and discharge the Club and/or their owners, managers, shareholders, officers, directors, employees, agents and affiliates from any and all claims, damages, demands, rights or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at the Club. Further, I hereby, individually and/or on behalf of my child, release and discharge the Club from any and all liability for any loss of, or theft of, or damage to personal property.

Signature (parent if under 18) _____ Date _____

Signatures may be acquired day of race.

MIDTOWN

ATHLETIC CLUB®

SPRINT TRIATHLON REGISTRATION AND WAIVER

3 MAN TEAM (Ages 12+)

Saturday May 12th, 2012

Team Name (Please Print) _____

Captains Name (Please Print) _____ Birth Date _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Racer #2 Name (Please Print) _____

Racer #3 Name (Please Print) _____

Fees: \$12 Per Person, \$36 Per Team (Same Rate for Members and Non-Members)

Total Program Fees _____

Circle Payment Method: House Charge Check Cash Credit

Card # _____ Expiration Date _____ Name on card _____

Place the participants in the 3-man wave spot of their choice. Follow all wave instructions.

Racer should remember wave information. In the event of lightning the event will be
run/bike/run.

RELEASE AND HOLD HARMLESS WAIVER

I represent that I am (my child is) physically fit to perform swimming and other activities which I (s/he) may undertake at the Midtown Athletic Club (the "Club") and that I am solely responsible for all health risks associated with such activities. I hereby, individually and on behalf of my child, fully and forever waive, release and discharge the Club and/or their owners, managers, shareholders, officers, directors, employees, agents and affiliates from any and all claims, damages, demands, rights or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at the Club. Further, I hereby, individually and/or on behalf of my child, release and discharge the Club from any and all liability for any loss of, or theft of, or damage to personal property.

Signature 1 (parent if under 18) _____ Date _____

Signature 2 (parent if under 18) _____ Date _____

Signature 3 (parent if under 18) _____ Date _____

Signatures may be acquired day of race.

MIDTOWN ATHLETIC CLUB®

SPRINT TRIATHLON REGISTRATION AND WAIVER

Corporate Wave Participant (Full Team) (Ages 12+)

Saturday May 12th, 2012

Team Name (Please Print) _____

Captains Name (Please Print) _____ Birth Date _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

\$240 Per Team of up to 12 participants (Same Rate for Members and Non-Members)

Total Program Fees _____

Circle Payment Method: House Charge Check Cash Credit

Card # _____ Expiration Date _____ Name on card _____

Reserve a full wave for the corporate team. Follow all wave instructions. Captain should remember wave information. In the event of lightning the event will be run/bike/run.

RELEASE AND HOLD HARMLESS WAIVER

I represent that I am (my child is) physically fit to perform swimming and other activities which I (s/he) may undertake at the Midtown Athletic Club (the "Club") and that I am solely responsible for all health risks associated with such activities. I hereby, individually and on behalf of my child, fully and forever waive, release and discharge the Club and/or their owners, managers, shareholders, officers, directors, employees, agents and affiliates from any and all claims, damages, demands, rights or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at the Club. Further, I hereby, individually and/or on behalf of my child, release and discharge the Club from any and all liability for any loss of, or theft of, or damage to personal property.

Signature 1 (parent if under 18) _____	Date _____
Signature 2 (parent if under 18) _____	Date _____
Signature 3 (parent if under 18) _____	Date _____
Signature 4 (parent if under 18) _____	Date _____
Signature 5 (parent if under 18) _____	Date _____
Signature 6 (parent if under 18) _____	Date _____
Signature 7 (parent if under 18) _____	Date _____
Signature 8 (parent if under 18) _____	Date _____
Signature 9 (parent if under 18) _____	Date _____
Signature 10 (parent if under 18) _____	Date _____
Signature 11 (parent if under 18) _____	Date _____
Signature 12 (parent if under 18) _____	Date _____

Signatures may be acquired day of race.