

New London

Triathlon Team Registration Form - August 8, 2010

Please complete the online registration and payment process for Hospital Days 2010 Triathlon. The information may also be mailed with your payment to: Donna Gatnarek, New London Hospital, 273 County Road, New London, NH 03257
Please type or print clearly

TEAM NAME: _____

CATEGORY: Open _____ Female _____ Under 18 _____ Over 40 _____ (Please select only one)

TEAM SWIMMER _____ TEAM BIKER _____ TEAM RUNNER _____

T-Shirt Size: S M L XL T-Shirt Size: S M L XL T-Shirt Size: S M L XL

Name: _____ Name: _____ Name: _____

DOB: _____ DOB: _____ DOB: _____

Sex: _____ Age on day of race: _____ Sex: _____ Age on day of race: _____ Sex: _____ Age on day of race: _____

Street: _____ Street: _____ Street: _____

Town/State: _____ Town/State: _____ Town/State: _____

Zip: _____ Zip: _____ Zip: _____

Phone: _____ Phone: _____ Phone: _____

e-mail: _____ e-mail: _____ e-mail: _____

Swimmer, please check one: Novice _____ Intermediate _____ Competitive _____ Advanced _____

You MUST wear provided bathing cap.

FEES:

(Fees are non-refundable)

Teams of 2 or 3: \$75 if registered by 8/4 (Late fee of an additional \$25 after August 4 or day of race)

Free t-shirts to all pre-registrants. \$10.00 each on day of race.

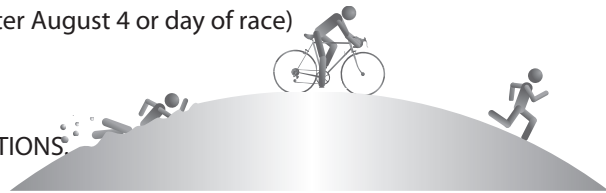
Prizes awarded for winners, must be present for awards to receive prize.

Check in and day of registration opens at 7:00 am, Race starts at 9:00 am

Day of registration and check in closes PROMPTLY at 8:15 am, NO EXCEPTIONS.

\$5 for Kids Fun Run: race day registration - Race begins at 10:30 am

Includes T-Shirts and Ribbon



ACKNOWLEDGEMENT AND RELEASE

I acknowledge that a triathlon 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 PARTICIPATION IN THIS TRIATHLON. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised otherwise by a qualified medical person. I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind which arise out of or relate to my participation in or my traveling to and from this event THE FOLLOWING PERSONS OR ENTITIES: New London Hospital, New London Historical Society, event sponsors, race directors, volunteers, all states, cities, counties or localities in which events or segments of events are held, and the officers, directors, employees, representatives of any of the above. I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein and to INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during this event. I hereby affirm that I am 18 years or older, I have read this document, and I understand its contents.

SIGNATURE OF TEAM SWIMMER _____ DATE _____

SIGNATURE OF TEAM RUNNER _____ DATE _____

SIGNATURE OF TEAM BIKER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

The undersigned, the parent and natural guardian of _____ (MINOR'S NAME), hereby executes the foregoing release for and on behalf of the minor named herein. As the natural and legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing release. I represent that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing release for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing release or in the execution of this consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical care facility ("medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications of unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: Parent/guardian must also sign release above.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

RELATIONSHIP TO MINOR _____