2009 Benaroya Research Institute Triathlon at Seafair Entry Forms

INDIVIDUAL ENTRY *(fill out yellow areas only)*

First Name _____ M.I. _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (w/area code) _____ Email _____

Birthdate _____ Age _____ Sex (M or F) _____ **Adult Unisex Shirt Size** (Circle one) XS S M L XL

How many times have you participated in this event, including 2009? _____

Triathlon club name, if a member _____

INDIVIDUAL ENTRY FEE *(U.S. Funds only, non-refundable)*

☐ $60 (by 6/19) ☐ $65 (6/20 to 7/17) ☐ $70 (at Expo 7/18)

Would you like to compete in the Friends and Family Wave? ☐ Yes ☐ No

Please note that athletes who compete in this wave will not be eligible for age-group awards.

KIDS RACE *(U.S. Funds only, non-refundable)*

Category (choose one): ☐ Splashers ☐ Dashers

☐ $15 (by 6/19) ☐ $20 (6/20 to 7/17) ☐ $25 (at Expo 7/18) **Kids Shirt Size** (Circle one) S M L XL

RELAY TEAM ENTRY FEES *(U.S. Funds only, non-refundable)*

2-PERSON TEAM

☐ $70 (by 6/19) ☐ $80 (6/20 to 7/17) ☐ $90 (at Expo 7/18)

3-PERSON TEAM

☐ $95 (by 6/19) ☐ $110 (6/20 to 7/17) ☐ $125 (at Expo 7/18)

Payment Method: ☐ Cash ☐ Check ☐ Credit Card (Visa or Mastercard only)

Card No. _____ Exp. Date _____

Name on Card _____ Signature _____

WAIVER AND RELEASE

I know that participating in a triathlon, regardless of the distance, includes an element of risk. I understand that I should not participate in the 2009 Benaroya Research Institute Triathlon at Seafair unless I am physically fit and properly trained, and by entering this event, I warrant and verify that I meet the criteria. I agree to abide by any decision of an event official relative to my ability to compete in this event safely and I further agree that event officials may authorize necessary emergency treatment for me should I be unable to provide that consent. I also understand both vehicle traffic and spectators may be present along the course and I assume all risks of participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather and the surface conditions of the roads and sidewalks. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive, release, and discharge Seafair, AA Sports, Virginia Mason Medical Center, Benaroya Research Institute at Virginia Mason, KIRO 7, Gregg's Greenlake, TalkingRain, PCC Natural Markets, Brooks, Washington Athletic Club, City of Seattle, King County, event officials, volunteers, and all other sponsors, suppliers, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. I also understand and agree that sponsors and Seafair may subsequently use, for publicity or promotional purposes, my name or pictures of me in this event without liability or compensation to me. Entries from minors will be accepted only with a parent's or legal guardian's signature. I understand that Seafair will act as an agent for Benaroya Research Institute at Virginia Mason to disperse funds provided for pledges.

Participant Signature _____ Date _____

Signature of Parent or Legal Guardian (for participant under 18 years of age) _____ Date _____

2009 Benaroya Research Institute Triathlon at Seafair Entry Forms

RELAY TEAM ENTRY ***(please fill out blue areas only for each member of your 2-person or 3-person team)***

Team Name _____

First Name _____ M.I. _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (w/area code) _____ Email _____

Birthdate _____ Age _____ Sex (M or F) _____ **Adult Unisex Shirt Size** (Circle one) XS S M L XL

Check Discipline: ☐ Swim ☐ Bike ☐ Run

Waiver Signature _____

First Name _____ M.I. _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (w/area code) _____ Email _____

Birthdate _____ Age _____ Sex (M or F) _____ **Adult Unisex Shirt Size** (Circle one) XS S M L XL

Check Discipline: ☐ Swim ☐ Bike ☐ Run

Waiver Signature _____

First Name _____ M.I. _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (w/area code) _____ Email _____

Birthdate _____ Age _____ Sex (M or F) _____ **Adult Unisex Shirt Size** (Circle one) XS S M L XL

Check Discipline: ☐ Swim ☐ Bike ☐ Run

Waiver Signature _____

Mail Entry Deadline: postmarked on or before July 10, 2009.

Mail form and payment with check payable to Seafair:
Triathlon
2200 Sixth Avenue, Suite 400
Seattle, WA 98121-1830