



Dave Parcels
Madison Triathlon

Sponsored by Zane's Cycles

Saturday, September 9, 2017 7:00 a.m.

The Surf Club
Madison, CT 06443

Please complete this form and mail it to :
PO Box 128
Madison, CT 06443
Or Register Online at www.madisonjc.com

- Individual - \$80 (\$100 After August 9th, 2017)
 Relay - \$110 (\$130 After August 9th, 2017)
Please Make checks payable to : Madison Jaycees

Name _____

Address _____

Phone _____

Email Address _____

/ / F / M

Race Age (Age as of 12/31/2017) Date of Birth Gender

YES / NO

Championship Chip Chip #

YES / NO YES / NO

Clydesdale (200+ pounds for men, 150+ for women) Is this your first Triathlon?

YES / NO

Would you like to be considered for our Elite Wave?
(If you expect to be one of the top 50 finishers, the Race Director may consider you for this wave.)

Please Fill Out the Section Below if You Are Registering as a Relay Team

Team Name _____

Relay Division (Check One) Female Male Co-Ed

Swimmer's Name Age on Race Day

Cyclist's Name Age on Race Day

Runner's Name Age on Race Day

RELEASE FROM LIABILITY: "I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in this event (training and competition), including possible permanent disability or death, and agree to assume all those risks. AS A CONDITION OF MY PARTICIPATION IN THE DAVE PARCELLS MADISON TRIATHLON OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING THE CLUBS, HOST FACILITIES, EVENT SPONSORS, EVENT COMMITTEES, TOWN OF MADISON, MADISON JAYCEES, FORCE 5 SPORTS OR ANY INDIVIDUALS OFFICIATING AT THE EVENTS OR SUPERVISING SUCH ACTIVITIES.

Finally, I specifically acknowledge that I am aware of all the risks inherent in this event and agree to assume those risks."

SIGNATURE: _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (if under 18): _____