



Dave Parcels
Madison Triathlon

Sponsored by Zane's Cycles

Saturday, September 8, 2018 7:00 a.m.

The Surf Club
Madison, CT 06443

GROUP DISCOUNT OFFERED TO 15 OR MORE ATHLETES IN TRAINING GROUP:
Complete one form per athlete. All forms and checks MUST BE MAILED TOGETHER to:
MADISON JAYCEES PO Box 128
Madison, CT 06443

- Individual - \$65 (Must be received before August 8th, 2018)
 Relay - \$80 (Must be received before August 8th, 2018)
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

TRAINING GROUP NAME

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): _____