



# 2012 BIKE SOURCE DUATHLON & TRIATHLON AT HERITAGE PARK

**Fax-in:** (913) 831-6336

**On-Line:** [www.jcprd.com/activities/special\\_events.cfm](http://www.jcprd.com/activities/special_events.cfm)

**Walk-in or Mail-in:** JCPRD, 6501 Antioch Road, Bldg. C, Merriam, Kansas 66202

**Make checks payable to:** JCPRD

**Or Charge (MC, VS or DS):**

Name as printed on card: \_\_\_\_\_

Card No: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_ CID# \_\_\_\_\_

**MAIL IN DEADLINE:** OPEN UNTIL FILLED

**05**

**OFFICE USE ONLY:**

Amount Enclosed: \$ \_\_\_\_\_  
CA CK MC VS DS  
Registrar: \_\_\_\_\_  
Date: \_\_\_\_\_

(Returned checks are subject to a \$20 service)

**WAIVER RELEASE STATEMENT:** In consideration of your acceptance of this entry form, I hereby, for myself, my heirs, my executors and administrators, forever release and hold harmless the Johnson County Park & Recreation District (JCPRD), race directors, sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors and assigns for any and all injuries suffered by me, or damage to property resulting from my participating in said event. I have been warned I must be in good health to participate in this event, and I have successfully completed the said events at or farther than the distances specified for the event. In addition, I understand that there is risk and danger incidental to entering a natural body of water. The body of water in this event is tested and compliant with the Kansas Department of Health and Environment requirements for water quality; however I realize that natural occurrences may change water quality at any given time and I assume this risk. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept these restrictions. **NOTICE:** By registering you hereby acknowledge JCPRD can and may photograph and/or video tape event participants and then use such images and/or participant names, without payment or any other consideration, for purposes of publicizing District parks, facilities, programs or services, or for any other lawful purpose. **EVENT CANCELLATION POLICY:** The Committee reserves the right to alter or cancel the event in case of inclement weather. **No Refunds.**

**(CHECK ONE)** Please type or print legibly. Complete entire form.

**TRIATHLON INDIVIDUAL ENTRY: 5534**

**DUATHLON INDIVIDUAL ENTRY: 5545**

**Clydesdale**

**Athena**

INDIVIDUALS	POSTMARKED	POSTMARKED	POSTMARKED
	By 4/27	After 4/27	After 5/10
	\$60	\$70	\$80

Non USAT members must also pay a one day user fee of \$12

NAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/12: \_\_\_\_\_

SIGNATURE (Required): \_\_\_\_\_ Sex:  F  M T-Shirt Size:  S  M  L  XL  XXL

Parental/Guardian consent (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

USAT Member #: \_\_\_\_\_

**TEAM ENTRY (Triathlon Only): 5546**

(CHECK ONE)  MEN  WOMEN  
 COED  FAMILY

TEAMS	POSTMARKED	POSTMARKED	POSTMARKED
	By 4/27	After 4/27	After 5/10
	\$90	\$100	\$110

Non USAT members must also pay a one day user fee of \$12

TEAM NAME: \_\_\_\_\_

SWIM NAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/12: \_\_\_\_\_

SIGNATURE (Required): \_\_\_\_\_ Sex:  F  M T-Shirt Size:  S  M  L  XL  XXL

Parental/Guardian consent (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ USAT Member #: \_\_\_\_\_

BIKE NAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/12: \_\_\_\_\_

SIGNATURE (Required): \_\_\_\_\_ Sex:  F  M T-Shirt Size:  S  M  L  XL  XXL

Parental/Guardian consent (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ USAT Member #: \_\_\_\_\_

RUN NAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/12: \_\_\_\_\_

SIGNATURE (Required): \_\_\_\_\_ Sex:  F  M T-Shirt Size:  S  M  L  XL  XXL

Parental/Guardian consent (if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ USAT Member #: \_\_\_\_\_

This registration form and flyer are available in alternative formats. A downloadable entry form is available at [http://www.jcprd.com/activities/special\\_events.cfm](http://www.jcprd.com/activities/special_events.cfm). For more information call Chad Tower at (913) 831-3355.