

SHAWNEE MISSION TRIATHLON



2012 ENTRY FORM

Sunday, July 8, 2012 7:00 am

05

(Please type or print legibly)

- ▶ Fax-in: 913 - 831 - 6336
- ▶ Walk-in or Mail-in: JCPRD, 6501 Antioch Road, Bldg. C, Merriam, Kansas 66202
- ▶ On-Line: http://www.jcprd.com/activities/special_events.cfm -- until filled
- ▶ Make checks payable to: JCPRD
- ▶ Or Charge (MC, Visa or Discover):

RACE ENTRY IS OPEN UNTIL FILLED
There will be a \$20 service charge on all returned checks.

OFFICE USE ONLY:
Amount enclosed: _____
CA CK MC VS DS
Registrar: _____
Date: _____

Name as printed on card: _____

Card #: _____ Expires: _____ - _____ CID #: _____

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.**

(PLEASE CHECK ONE)

INDIVIDUAL ENTRY

Refer to the USAT Rules & Regulations

INDIVIDUAL

	POSTMARKED	POSTMARKED	POSTMARKED
	By 5/18	After 5/18	After 7/1
	\$70	\$80	\$90

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

SHORT

LONG:

Additional Divisions: CLYDESDALE ATHENA

NAME: _____ Date of birth: ___/___/___ Age on 12/31/12: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt: S M L XL XXL

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

Street address: _____ City, State, Zip: _____
APT. #

Home Phone: (____) _____ Work Phone: (____) _____ Is this your 1st SM Triathlon? yes no

USAT Member #: _____ Email: _____

ID Card Required at Packet Pickup

(PLEASE CHECK ONE)

TEAM ENTRY

SHORT:

LONG:

(CHECK DIV.) MEN WOMEN COED FAMILY

TEAM

	POSTMARKED	POSTMARKED	POSTMARKED
	By 5/18	After 5/18	After 7/1
	\$100	\$110	\$120

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: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt: S M L XL XXL

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

Street address: _____ City, State, Zip: _____
APT. #

Home Phone: (____) _____ Work Phone: (____) _____ Is this your 1st SM TRIATHLON? yes no

USAT Member #: _____ Email: _____

ID Card Required at Packet Pickup

BIKE NAME: _____ Date of birth: ___/___/___ Age on 12/31/12: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt: S M L XL XXL

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

Street address: _____ City, State, Zip: _____
APT. #

Home Phone: (____) _____ Work Phone: (____) _____ Is this your 1st SM TRIATHLON? yes no

USAT Member #: _____ Email: _____

ID Card Required at Packet Pickup

RUN NAME: _____ Date of birth: ___/___/___ Age on 12/31/12: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt: S M L XL XXL

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

Street address: _____ City, State, Zip: _____
APT. #

Home Phone: (____) _____ Work Phone: (____) _____ Is this your 1st SM TRIATHLON? yes no

USAT Member #: _____ Email: _____

ID Card Required at Packet Pickup

This registration form and flyer are available in alternative formats. For more information call Chad Tower at 913-831-3355.



REMEMBER TO:

- Complete Entire Entry Form
- SIGN USAT WAIVER ON SEPERATE PAGE
- Enclose Proper Payment
- Include Additional \$12 if not a USAT Member
- Review Race Rules!