

Fever River Adventure Triathlon Registration

Saturday, September 18, 2010

Individual or Team of 2 or 3: Individual Team Masters

(check one)

Shirt Size Men's Small Medium Large X Large XXL

Shirt Size Women's Small Medium Large X Large

Participant Information:

Team or Individual Name:					Check one below:	
Race Category:	Standard: <input type="checkbox"/>	Competitive: <input type="checkbox"/>	K-1 <input type="checkbox"/>		single Kayak	
# Males/Females	Males: <input type="checkbox"/>	Females: <input type="checkbox"/>	K-2 <input type="checkbox"/>		2-person Kayak	
Kayak/Canoe Type:	Manuf: <input type="checkbox"/>	Model: <input type="checkbox"/>	C-1 <input type="checkbox"/>		Solo canoe	
Renting Kayak/Canoe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	C-2 <input type="checkbox"/>		2-person canoe	
Individual or Racer #1 Name:	Age: <input type="text"/>		Email: <input type="text"/>			
Address:	<input type="text"/>					
City:	State: <input type="text"/>	Zip: <input type="text"/>				
Phone:	Signature: <input type="text"/>					
Racer #2 Name:	Age: <input type="text"/>		Email: <input type="text"/>			
Address:	<input type="text"/>					
City:	State: <input type="text"/>	Zip: <input type="text"/>				
Phone:	Signature: <input type="text"/>					
Racer #3 Name:	Age: <input type="text"/>		Email: <input type="text"/>			
Address:	<input type="text"/>					
City:	State: <input type="text"/>	Zip: <input type="text"/>				
Phone:	Signature: <input type="text"/>					

* Any individual or team using a triathlon or road bike must enter into competitive category

Any individual or team using a performance kayak/canoe must enter the competitive category. See Class Details on website.

*Age: day of the race.

\$50 Individual Registration Fee.

\$100 Team Registration Fee.

Make Checks payable to: "Fever River Adventure Triathlon"

Please have registration in by September 1, 2010. Add \$10 to total fee for registration after this date.

Enclosed Check:

Master Card or Visa #:

Expiration Date:

Max 300 athletes. Team registration fee is nonrefundable. No team member substitutions allowed unless approved by race director. All participants must be 18 years of age or older. By signing below, I agree to participate according to the rules of the race. Mandatory waiver agreement must be signed prior to participation in race. We will send or email waivers by request. Mail or Email completed form to: Feverriver@sbcglobal.net. or Deb Malone, Fever River Racing, 525 S Main, Galena, IL 61036 Phone: 815-776-9425.

Signature: _____

Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

Their directors, officers, employees, volunteers, representatives, and agents, the even holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content.

Participant's Signature

Age