

# Jo Bires Sprint Triathlon, Saturday June 14, 2008



An American Cancer Society Fundraiser  
e-mail: [jbstriathlon@att.net](mailto:jbstriathlon@att.net)  
On the Web: [www.geocities.com/jbstriathlon](http://www.geocities.com/jbstriathlon)

*An approved helmet is **required** on the bicycle leg of the race.*

**Individual Entry: \$25.00 pre registration (prior to June 10<sup>th</sup>) \$40.00 June 11<sup>th</sup> to day of race**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (M / F)

Age on day of Race (for age group awards) \_\_\_\_\_ I am entering as a Clydesdale \_\_\_\_\_ or Filly \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ **Shirt Size: \_\_\_\_\_**

*(Notice: We do not give or sell your address to any one or any organization. For our use to contact you only)*

**Team Entry: \$25.00 each pre-registration or \$40.00 each on race day**

**Shirt Sizes (3): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

Team Name: \_\_\_\_\_ Male- Female- Co-Ed-

Swim: \_\_\_\_\_ e-mail: \_\_\_\_\_

Bike: \_\_\_\_\_ e-mail: \_\_\_\_\_

Run: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Volunteer:** No entry fee. Donations to American Cancer Society graciously accepted) Free T-Shirt

Name: \_\_\_\_\_

Contact method (phone # or e-mail): \_\_\_\_\_

## Release:

I, the undersigned, freely acknowledge and realize the dangers of participating in the "Jo Bires Sprint Triathlon" and fully assume all risks including, but not limited to: drowning, collision with pedestrians, vehicles, other riders, and runners, or fixed and/or moving objects, and dangers arising from falls, road surface, equipment failures, inadequate safety equipment, weather conditions, as well as the possibility of physical and mental trauma. I understand that the route requires running and bicycling on roadways shared with motor traffic. I understand that runners and cyclist have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or other's responsibility and I further agree that I will bear all expenses incurred by any such accident. I realize that the "Jo Bires Sprint Triathlon" requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediment, which would endanger others or myself. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors, promoters, Foxcliff Estates North, Foxcliff South, and volunteers of the "Jo Bires Sprint Triathlon". The above agreements and representations are my express understandings of risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the conditions and adequacy of my bicycle, will wear an approved helmet during the bicycle phase, and agree to abide by the rules and safety commands of the "Jo Bires Sprint Triathlon".

**SIGNED:** \_\_\_\_\_

*(Guardian, if under 18)*

**NOTICE: EACH TEAM MEMBER MUST SIGN AN ENTRY FORM**

**DATE:** \_\_\_\_\_

**Please make checks payable to: Jo Bires Sprint Triathlon  
Attention: Carol Garrison  
2169 E. Rutland Lane  
Martinsville, IN 46151**

**7:30- Registration Begins  
8:30- Safety Meeting  
9:00- Triathlon  
Awards and Refreshments to Follow**