

TROPICAL TRIATHLON APPLICATION

ENTRY FEE:**INDIVIDUAL:** \$60.00 After Sept. 1st: \$80.00**RELAY TEAMS:** \$90.00 After Sept. 1st \$95.00**NON-USAT FEE:** \$10.00 License (to be paid at packet pickup)

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

T-SHIRT SIZE M L XL PHONE NUMBER _____

AGE ON RACE DAY _____ SEX _____ USAT# _____

EMERGENCY CONTACT _____ PHONE _____

OCCUPATION _____ EMAIL _____

Circle Division:	Age Group	Clydesdale	Male Relay	Female Relay	Weight needed for all Clydesdale & Athena
	Coed Relay	Mountain Bike	First Times	Athena	Wt _____

RELAY TEAM NAME _____

Please enclose a separate Entry form for each relay team member

Make check payable to **Lake Worth Chamber of Commerce** 501 Lake Ave., Lake Worth, Florida 33460**STANDARD ACKNOWLEDGMENTS, WAIVER AND RELEASE FROM LIABILITY**

All athletes must read and sign. Please read carefully before signing this acknowledgment, waiver and release from liability (AWRL). I acknowledge that a triathlon 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. I HEREBY ASSUME THE RISK OF PARTICIPATING IN TRIATHLON EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted and relied upon by the Lake Worth Chamber of Commerce, and various race sponsors, organizers and administrators in permitting me to participate in this event.

In consideration for allowing me to participate in this event I hereby take the following action for myself by executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from this event. THE FOLLOWING PERSONS OR ENTITIES: Lake Worth Chamber of Commerce, event sponsors, race directors, event producers, volunteers, the State of Florida, Palm Beach County, City of Lake Worth, and the officers, directors, employees representatives an agents of any of the above; b) I AGREE NOT TO SUE any persons or entities mentioned above for any claims made or liabilities that I have waived, released or discharges herein; and c) INDEMNIFY AND HOLD HARMLESS the person or entities mentioned above for any claims made or liabilities assessed against them as a result of my actions during this events.

Printed Name _____ Signature _____ Date _____

FOR PERSONS under EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION.

The undersigned, _____ (parent/guardian) the parent and natural or legal

Guardian of _____ (minor's name) hereby acknowledge that he or she has executed the foregoing ARWL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the term of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL, or any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL, or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purposes of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such Medical Provider to perform all procedures deemed advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment.

NOTE: Parent/ Guardian must also sign AWRL above.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____