



Sugar Creek Swim Club Sprint Triathlon
Saturday August 3, 2013
Milligan Park, Crawfordsville, Indiana

Schedule: 6:00am- Registration Begins 7:30am- Safety Meeting 8:00am- Triathlon
Awards and Refreshments to Follow

Please Note: An approved helmet is required on the bicycle leg of the race.

Individual Entry: \$45.00 pre-registration (prior to July 26) or \$75.00 on race day

Last Name: _____ First Name: _____ M ☐ F ☐

Best time 500 meter swim _____:_____:_____(Necessary for accurate start order please)

Age on day of Race (for age group awards): _____ T-Shirt Size: _____

E-Mail Address: _____

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

Team Entry: \$75.00 per team pre-registration (prior to July 26) or \$100.00 per team on race day

Team Name: _____ Male ☐ Female ☐ Co-Ed ☐

Swimmer: _____ e-mail: _____

Best time 500 meter swim _____:_____:_____(Necessary for accurate start order please)

Biker: _____ e-mail: _____

Runner: _____ e-mail: _____

T-Shirt Sizes: _____/_____/_____

Volunteer: No entry fee (Donations to Sugar Creek Swim Club graciously accepted) *Free T-Shirt*

Name: _____ T-Shirt Size: _____

Contact: (either phone # or e-mail): _____

Release: I, the undersigned, freely acknowledge and realize the dangers of participating in the "Sugar Creek Swim Club 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 "Sugar Creek Swim Club 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, Crawfordsville Parks and Recreation, Sugar Creek Swim Club, and volunteers of the "Sugar Creek Swim Club 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 "Sugar Creek Swim Club Sprint Triathlon".

SIGNED: _____ **DATE:** _____

(Guardian, if under 18) NOTICE: EACH TEAM MEMBER MUST SIGN AN ENTRY FORM

Please make checks payable to: Sugar Creek Swim Club Sprint Triathlon

Mail to: **SCSC Sprint Triathlon**
Attention: Nicole Maxwell
6172 N 100 West
Crawfordsville, IN 47933

A Sugar Creek Swim Club Fundraiser