

**OFFICIAL ENTRY FORM, 2012 28th ANNUAL TINMAN TRIATHLON**

**Saturday, April 28<sup>th</sup>, 2012**

**University of Minnesota, Morris**

**Send check and signed entry form to:**

**Tinman Triathlon  
c/o Student Activities  
600 E. 4<sup>th</sup> Street  
Morris, MN 56267**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Add.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_

**RELAY TEAM NAME**

\*Each team member must submit a form with the Team Name

**Name of:** RUNNER \_\_\_\_\_ BIKER: \_\_\_\_\_ SWIMMER: \_\_\_\_\_

**DIVISION**

INDIVIDUAL UMM: \_\_\_\_\_ INDIVIDUAL: \_\_\_\_\_

UMM TEAM: \_\_\_\_\_ TEAM: \_\_\_\_\_

(must have 2 or more UMM Students/Faculty/Staff)

**HEAT PLACEMENT**

**ESTIMATED OVERALL TRIATHLON FINISH TIME (including Bike and Run):** \_\_\_\_\_

**SWIM HEAT:** Estimated 1100-yard swim time:

Under 17 min \_\_\_\_\_ 17-20 min \_\_\_\_\_ 20-23 min \_\_\_\_\_ 23-27 min \_\_\_\_\_ 27-33min \_\_\_\_\_ 33+ (if over 40, specify) \_\_\_\_\_

**REGISTRATION DUES**

Make checks payable to: UMM; on the Memo line please put: Tinman Triathlon

**Postmarked on or before March 15<sup>th</sup>**

Individual: \$35 Individual UMM (Stud./Fac./Staff): \$25 Team: \$60 Team UMM: \$40

(UMM team if at least 2 members are UMM Students, Faculty or Staff)

**Race Day**

Individual: \$40 Individual UMM (Stud./Fac./Staff): \$30 Team: \$70 Team UMM: \$50

**T-SHIRT SIZE**

Youth L: \_\_\_\_\_ S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

(shirt sizes run large)

Are you an Alum of the University of Minnesota, Morris? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is this your first ever Triathlon Competition of ANY kind?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**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, event monitors, producers of the event, &/or lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all the risks of participating &/or volunteering in this event.

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 (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event

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 or my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** Regional Fitness Center, University of Minnesota Morris, City of Morris, County of Stevens, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Tinman Triathlon.

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

I understand that at this event or related events 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/or assigns.

This AWRL 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 its content.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT GUARDIAN WAIVER FOR MINORS (under 18 years old)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_