



2009 BIKE SOURCE DUATHLON & TRIATHLON AT HERITAGE PARK

OFFICE USE ONLY:
 Amount enclosed _____
 CA CK MC VS DS
 Registrar _____
 Date _____

Fax-in: (913) 831-6336

On-Line: www.jcprd.com/activities/special_events.cfm

Walk-in or Mail-in: JCPRD, 6501 Antioch Road, Bldg. C, Merriam, Kansas 66202

Make checks payable to: JCPRD (Returned checks are subject to a \$20 service charge.)

Or Charge (MC, VS or DS):

Name as printed on card: _____

Card No: _____ Card Exp. Date: _____ CID# _____

WAIVER RELEASE STATEMENT: In consideration of your acceptance of this entry form, I hereby, for myself, my heirs, my executors and administrators, forever release and hold harmless the Johnson County Park & Recreation District, race directors, sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors and assigns for any and all injuries suffered by me, or damage to property resulting from my participating in said event. I have been warned I must be in good health to participate in this event, and I have successfully completed the said events at or farther than the distances specified for the event. In addition, I understand that there is risk and danger incidental to entering a natural body of water. The body of water in this event is tested and compliant with the Kansas Department of Health and Environment requirements for water quality; however I realize that natural occurrences may change water quality at any given time and I assume this risk. I also give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept these restrictions. **EVENT CANCELLATION POLICY...**The Committee reserves the right to alter or cancel the event in case of inclement weather. **No Refunds.**

(CHECK ONE) Please type or print legibly. Complete entire form.

- TRIATHLON INDIVIDUAL ENTRY** 92-4204-014-01
- DUATHLON INDIVIDUAL ENTRY** 92-4204-014-02

INDIVIDUALS	POSTMARKED	POSTMARKED	POSTMARKED
	By 5/1	After 5/1	After 5/6
	\$55	\$65	\$75

NAME: _____ Date of birth: ___/___/___ Age on 12/31/09: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt Size: S M L XL XXL

Parental/Guardian consent (if under 18 years of age): _____ Date: _____

Street address: _____ Apt.# _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

Is this your 1st Duathlon/Triathlon? yes no If you are entering triathlon, check this box if you want to be placed in the **Opening Heat**,
 You must provide your .33 mile swim time to be considered for the **Opening Heat**. _____ min. _____ sec.

TEAM ENTRY (triathlon only) 92-4205-014-01

- (CHECK ONE) MEN WOMEN
 COED FAMILY CORPORATE

TEAMS	POSTMARKED	POSTMARKED	POSTMARKED
	By 5/1	After 5/1	After 5/6
	\$80	\$90	\$100

TEAM NAME: _____

SWIMNAME: _____ Date of birth: ___/___/___ Age on 12/31/09: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt Size: S M L XL XXL

Parental/Guardian consent (if under 18 years of age): _____ Date: _____

Street address: _____ Apt.# _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

BIKE NAME: _____ Date of birth: ___/___/___ Age on 12/31/09: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt Size: S M L XL XXL

Parental/Guardian consent (if under 18 years of age): _____ Date: _____

Street address: _____ Apt.# _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

RUNNAME: _____ Date of birth: ___/___/___ Age on 12/31/09: _____
LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): _____ Sex: F M T-Shirt Size: S M L XL XXL

Parental/Guardian consent (if under 18 years of age): _____ Date: _____

Street address: _____ Apt.# _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

This registration form and flyer are available in alternative formats. A downloadable entry form is available at http://www.jcprd.com/activities/special_events.cfm. For more information call Chad Tower at (913) 236-1231.