

# TRIPLE CROWN POINT SERIES EVENT

## 2010 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](http://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: \_\_\_\_\_

MAIL IN DEADLINE:  
**Open Until Filled** 05

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 (JCPRD), 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. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept these restrictions. **NOTICE:** By registering you hereby acknowledge JCPRD can and may photograph and/or video tape event participants and then use such images and/or participant names, without payment or any other consideration, for purposes of publicizing District parks, facilities, programs or services, or for any other lawful purpose.

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

INDIVIDUALS	POSTMARKED By 3/26	POSTMARKED After 3/26	POSTMARKED After 5/9
	\$60	\$70	\$80

NAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/10: \_\_\_\_\_

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  Triple Crown Point Series Participant

**TEAM ENTRY (triathlon only)** 02-4205-014-01

(CHECK ONE)  MEN  WOMEN

TEAMS	POSTMARKED By 3/26	POSTMARKED After 3/26	POSTMARKED After 5/9
	\$90	\$100	\$110

TEAM NAME: \_\_\_\_\_  COED  FAMILY  CORPORATE

SWIMNAME: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age on 12/31/10: \_\_\_\_\_

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 12/31/10: \_\_\_\_\_

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 12/31/10: \_\_\_\_\_

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](http://www.jcprd.com/activities/special_events.cfm). For more information call Chad Tower at (913) 236-1231.