

# OLATHE MEDICAL CENTER WOMEN'S TRIATHLON

(Please type or print legibly)

## 2009 ENTRY FORM

**Saturday, Sept. 12th, 2009 7:30 am**

**05**

**OFFICE USE ONLY:**  
 Amount enclosed \_\_\_\_\_  
 Payment CA CK MC VS DS  
 Registrar \_\_\_\_\_  
 Date \_\_\_\_\_

- ▶ Fax-in: 913 - 831 - 6336
- ▶ Walk-in or Mail-in: JCPRD, 6501 Antioch Road, Bldg. C, Merriam, Kansas 66202
- ▶ On-Line: [http://www.jcprd.com/activities/special\\_events.cfm](http://www.jcprd.com/activities/special_events.cfm) -- **open until filled**
- ▶ Make checks payable to: JCPRD
- ▶ Or Charge (MC, Visa or Discover):

**MAIL-IN DEADLINE: AUGUST 21, 2009**  
 There will be a \$20 service charge on all returned checks.

Name as printed on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ - \_\_\_\_\_ 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.**

### INDIVIDUAL ENTRY (PLEASE CHECK ONE)

- Triathlon: 94-4207-018-01
- OPENING HEAT: 94-4207-018-02 (Refer to the USAT Rules & Regulations)
- Additional Divisions:  ATHENA

	POSTMARKED By 8/21	POSTMARKED After 8/21	POSTMARKED After 8/26
INDIVIDUALS	\$55	\$65	\$75
<b>Non USAT members must also pay a one day user fee of \$10</b>			

NAME: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 12/31/09: \_\_\_\_\_

LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  XXL

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

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

APT. #

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Is this your 1st Triathlon?  yes  no

USAT Member #: \_\_\_\_\_ Email: \_\_\_\_\_

ID Card Required at Packet Pickup

### TEAM ENTRY 94-4208-018-03

- (PLEASE CHECK ONE DIVISION)
- CLUB  FRIENDS
  - FAMILY  CORPORATE

	POSTMARKED By 8/21	POSTMARKED After 8/21	POSTMARKED After 8/26
TEAM	\$80	\$90	\$100
<b>Non USAT members must also pay a one day user fee of \$10</b>			

TEAM NAME: \_\_\_\_\_

SWIM NAME: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 12/31/09: \_\_\_\_\_

LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  XXL

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

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

APT. #

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Is this your 1st TRIATHLON?  yes  no

USAT Member #: \_\_\_\_\_ Email: \_\_\_\_\_

ID Card Required at Packet Pickup

BIKE NAME: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 12/31/09: \_\_\_\_\_

LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  XXL

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

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

APT. #

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Is this your 1st TRIATHLON?  yes  no

USAT Member #: \_\_\_\_\_ Email: \_\_\_\_\_

ID Card Required at Packet Pickup

RUN NAME: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 12/31/09: \_\_\_\_\_

LAST (PLEASE PRINT) FIRST

SIGNATURE (Required): \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  XXL

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

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

APT. #

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Is this your 1st TRIATHLON?  yes  no

USAT Member #: \_\_\_\_\_ Email: \_\_\_\_\_

ID Card Required at Packet Pickup

This registration form and flyer are available in alternative formats. For more information call Chad Tower at 913-236-1231.



### DID YOU REMEMBER TO:

Enclose proper payment

Complete entire entry form

SIGN USAT WAIVER ON FACING PAGE

Include Additional \$10 if not a USAT Member

Review race rules!