

# 13<sup>th</sup> Annual Papillion Mayor's Triathlon: Swim | Bike | Run

Sunday, July 9 2017

Mail completed entry form along with check or money order made payable to:

**Papillion Recreation Department**

122 E. Third Street ▪ Papillion, NE 68046

Phone (402) 597-2041

www.papillion.org/recreation.cfm ▪ www.papillionraceseries.com

**Packet Pick-Up:** Papillion Recreation Offices, 145 W. Second Street, Papillion NE 68046

- July 6 – 12:00-5:00 pm
- July 7 – 8:00 am-5:00 pm

**NO DAY OF RACE REGISTRATION! Limited to the first 300 racers.**

Contact Information			
Name:		Date of Birth:	
Address, City, ST, Zip:			
Valid email address:			
Home Phone:		Cell Phone:	
Wheel Chair Participant: Yes _____ No _____		Male: _____	Female: _____
Estimated Swim Time:	Under 12 min _____	12-15 min _____	15-20 min _____ Over 20 min _____

Shirt Size					
Youth Sizes	S _____	M _____	L _____		
Adults Sizes	S _____	M _____	L _____	XL _____	XXL _____

**Technical Shirt – ENTRY MUST BE RECEIVED BY June 9th. Size and availability may be limited after this date.**

<b>Fees:</b>	<b>Triathlon Individual (1/1-6/9) .....</b>	<b>\$50.00</b>	_____
All taxes included.	<b>Triathlon Individual Late Registration (6/10-7/5).....</b>	<b>\$65.00</b>	_____

**General Waiver and Release of Liability:**

I know that competing in a multi-sport event is a potentially hazardous activity. I should not enter and compete unless I am medically able to swim/bike/run the distances of this event. I agree to abide by any decision of a race official relative to my ability to safely compete in this event. I fully understand the nature of this activity, and I waive and release and hold harmless the City of Papillion and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may incur. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I have read and clearly understand the above statements, and realize this is a contract between myself and the City of Papillion and is a release of liability. I sign it of my own free will.

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Parent or Guardian Name	Parent or Guardian Signature	Date

(If under the age of 18, a parent or guardian must sign.)