

Tall Texan Triathlon Entry Form
Sunday, March 25, 2012 - 8:00 a.m. Boerne City Lake, Boerne, Texas
1.2 Mi Swim - 56 Mi Bike - 13.1 Mi Run
WEBSITE: www.texantri.com

USAT # _____ E-Mail: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

AGE (age as of 12/31/12): _____ SEX: _____ DATE OF BIRTH (mo/dd/yy) ____/____/____

DAYTIME PHONE: _____ - _____ - _____; EVENING PHONE: _____ - _____ - _____

EMERGENCY CONTACT: _____ PHONE: _____ - _____ - _____

Please Check: ____Age Group; ____Relay T-SHIRT SIZE: ____ (S - M - LG - XL)

Relay Team (Name: _____) Members: _____

ENTRY FEE: Individual (Age group points) = \$200; Teams = \$300

CHECK ENCLOSED: \$ _____ (Please make checks payable to Hill Country Sports Association) - OR -

CHARGE TO MY MC/VISA: CARD # ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

EXP DATE ____/____ AMOUNT: \$ _____; CVV#: ____ ____ ____ (Last 3 digits on back of card)

CARDHOLDER'S SIGNATURE: _____ (Credit cards will be processed through Britton's Bicycle Shop)

Do you have any current or chronic medical problems which are being followed by a doctor?
 Are you on any medications? If so, what?
 Are you allergic to any medications or insect stings?
 Do you wish the medical personnel to be aware of any specific medical problems?
 Have you ever dropped out during a race for medical reasons? If so, please explain.
 Additional medical comments:

USAT rules state that each participant must show a photo ID when picking up their own packet. All participants must present a current annual membership card OR purchase a 1-day permit for \$10.00 (cash or check only). NO RACE DAY PACKET PICK UP.

There is no refund or transfer of entry fees for any reason. If you still have questions and/or need clarifications, please e-mail racedirector@rocketmail.com or call 210-843-4234. Mail entry form to HCSA Race Director, Suite # 1109, 434 N SL, 1604 W an Antonio, Texas 78232.

PLEASE READ AND SIGN BELOW

I acknowledge that the Tall Texan Triathlon 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. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE Tall Texan Triathlon. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by the various race sponsors, organizers and administrators in permitting me to participate in the Tall Texan Triathlon Event. In consideration for allowing me to participate in the Tall Texan Triathlon Event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I AGREE to abide by the Rules adopted by The Tall Texan and USA Triathlon, including the Medical Control Rules, as they may be amended from time to time, and I acknowledge that my race entry and USA Triathlon membership may be revoked or suspended for violation of the Competitive Rules; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the Tall Texan Event, THE FOLLOWING PERSONS OR ENTITIES: USA Triathlon, event sponsors, event directors, event producers, volunteers, all venues, cities counties or localities in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and d) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during this Tmall Texan Triathlon Event. I hereby agree that in the event of the event cancellation due to a storm, rain, winds, inclement weather, or other "Acts of God" conditions, my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, video tapes, recordings or any other record of this event for any purpose including commercial use.

I HEARBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE READ AND THAT I UNDERSTAND ALL OF THE ABOVE.

Name of Participant: _____ Date _____

Signature of Parent/Guardian _____ Print Name _____

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For Race Director use only:

Race number: \_\_\_\_\_ postmarked: \_\_\_\_\_ cash/check/credit card \_\_\_\_\_ Chip #: \_\_\_\_\_