

Lifetime Spring Triathlon

April 10, 2010

Registration Deadline: April 7th

Minimum Number of Participants: 14

Maximum Number of Participants: 28



Name (First and Last) ____/____/____ _____ _____ _____
DOB (MM/DD/YY) Age Gender Date

Address _____ _____ _____
City State Zip Code

(_____) _____
Phone Number _____
E-mail Address (to email rules)

Emergency Contact _____
Emergency Number

- Cost: _____ \$22 members
 _____ \$28 non-members
 _____ \$38 relay, members (relays consist of 2 or more people)
 _____ \$44 relay, non-members (relays consist of 2 or more people)

Estimated 100 meter swim time: _____
(This helps us place everyone in the right order to minimize passing in the pool)

All registered participants will receive an Aluminum Augusta Health Water Bottle!

In agreeing to participate in Lifetime's Spring 2010 Triathlon at Lifetime Fitness, I affirm that my general health is good, that I am not adversely affected by exercise and I am capable of performing exercise.

I am aware of the possibility of accidental or other physical injury from exercise programs. In consideration of participating at Lifetime Fitness, I do hereby agree to assume all risk of such injury and will hold harmless from any and all liability, action, causes of action, claims and demands of every kind and nature whatsoever which I know have or which may arise of or in connections with any participation in activities arranged by Lifetime Fitness, Augusta Health, and its employees and staff. The terms herein shall serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my family.

I have read this agreement and understand the exercise in which I will be engaged. I have agreed to the conditions stated above.

Participant Signature

Date

Please return to Lifetime's front desk or fax to (540) 332-5198. If faxed, please call (540) 332-5527 to make payment to reserve your spot. Thank you.