

Heart of the Lakes Triathlon Entry Form

Complete and mail this form along with your payment ([see fees](#)) or use the [On-line Registration](#)

[Home Page](#)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address _____

Home Phone: (____) _____

Emergency Phone: (____) _____

Age on race Day: _____ Gender: _____ M _____ F

T-Shirt Size (circle): S M L XL

Check Race Entering:

_____ Short Course _____ Long Course

_____ Short Relay _____ Long Relay

_____ Enter me in the Elite wave (Long Course Only)

_____ Relay Team

Relay teams may be made up of any combination of 2 or 3 people, male or female.

Mail all relay partner's entry forms together.

Swimmer: _____

Cyclist: _____

Runner: _____

Checks should be made payable to:

Heart of the Lakes Triathlon, Inc.

Your cancelled check is your receipt.

No refunds issued. Mail to:

Heart of the Lakes Triathlon

P.O. Box 191

Annandale, MN 55302

320-274-7000

Web Site: www.holtri.org E-mail: holt@holtri.org

Waiver, Release, And Consent

[View Full Page](#)

In consideration of the acceptance of my entry in this event, I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive, release and discharge any and all claims for damages for death, personal injury, illness, loss of personal property or property damage including those which may be attributable to weather conditions, which I may have or which may hereafter occur to me, as a result of my participation in this event. This release is intended to discharge the Heart of the Lakes Triathlon, Inc., all municipalities, school districts, clubs, organizations, counties, states, sponsors, and all employees, officers and volunteers of these respective entities and any other entities associated with this event, from and against any and all liability arising out of or connected in any way with my participation in this event.

I further understand that serious accidents occasionally occur during swimming, cycling, and running and that participants in these events occasionally sustain mortal or serious injuries, and/or property damage or loss, as a consequence thereof. Knowing the risks, nevertheless, I hereby agree to assume those risks and release and hold harmless all of the persons or entities previously mentioned who might otherwise be liable to me (or my heirs and assigns) for any injury, death, illness or damages occurred in this event or in the travel to and from this event.

I further attest that I am physically fit, have sufficiently trained for the completion of this event and that I will wear a bicycle helmet (ANSI/Snell approved) at all times when riding a bicycle at this event. I also attest I will abide by the rules and regulations of this event, all state vehicle laws and all local municipal laws applicable.

It is further understood and agreed that this waiver, release and consent is to be binding on my heirs and assigns. I recognize the hazards of this event and attest that I have adequate medical insurance coverage. I also give permission to the Heart of the Lakes Triathlon, Inc. to use my name and any photographs, videotapes, motion pictures, recordings or any other record of my participating in this event for any publicity and/or promotional purposes without obligation or liability to me.

I hereby consent to receive emergency first aid medical treatment in the event of an injury, accident and/or illness during this Triathlon and its related activities.

I have read, understand and certify my compliance by my signature.

_____ Date _____

Signature of participant

If you are under eighteen (18) years of age, the following must be completed by your parent or legal guardian:

I, _____ being the parent or legal guardian of the above entrant, who is under the age of eighteen (18) years, for good and valuable consideration, receipt of which is hereby acknowledged, I hereby consent that the above named entrant may participate in the Heart of the Lakes Triathlon. I hereby con-sent for my child to receive emergency medical treatment in the event of injury, accident, and/or illness that may occur during this triathlon or it's related activities.

**ENTRY FORM WILL NOT BE ACCEPTED
WITHOUT A SIGNED WAIVER**

Signature of parent or legal guardian

Date _____