



New Hampton's 1st Annual Triathlon

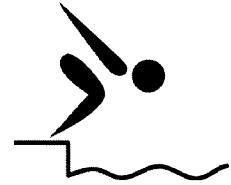
New Hampton Park & Recreation

Saturday, July 16th - Race begins at 7:00 am

112 E. Spring St. (Community Center)

641-394-5464

Registration Form



Individual Racer / Runner Information:

Full Name: _____ Age on race day: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact #: _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

STOP HERE IF YOU ARE AN INDIVIDUAL RACER

Biker Information:

Full Name: _____ Age on race day: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact #: _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Swimmer Information:

Full Name: _____ Age on race day: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact #: _____

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Personal release on page two must be signed and returned.

Registration Fee Information

Age Ranges and Fees (*Must be paid with registration!)

9-17 year olds - \$25*

18+ - \$30* *Note that day-of registration is available but will be an extra \$5.00 per person.

Teams of 3 - \$50*

Please make checks payable to the "City of New Hampton"

If out of town, mail check to: New Hampton Park & Recreation
112 E. Spring St.
New Hampton, IA 50659

Entry and Activity Waiver of Liability

In consideration of my participation in the New Hampton Triathlon, I hereby forever release and covenant not to sue the city of New Hampton, the New Hampton Park & Recreation, and any of their employees, volunteers, instructors, and agents (Released Parties), from any and all present and future claims resulting from ordinary negligence on the part of the Released Parties for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in this activity or any other activities incidental thereto, whenever, wherever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future resulting from ordinary negligence that may be made by me, my family, estate, heirs, or assigns, and I relinquish on behalf of myself, spouse, heirs, estate, and assigns the right to recover for injury or death.

I understand that participation in this activity may involve certain risks. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

I agree to indemnify and hold harmless the Released Parties listed above for any and all claims arising of a result of my participation in this activity or any activities incidental thereto, whenever, wherever, or however the same occur.

I understand that this waiver is intended as broad and inclusive as permitted by the laws of the Iowa, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings will be in the state of Iowa.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Released Parties listed above.

Participant Signature: _____ **Date:** _____

Printed Name of Participant: _____ **Date:** _____

Parent/Gaurdian Signature: _____ **Date:** _____

(If under age 18)

**THE BEST PLACE
TO FIND THE RACE**
RunningWall.com