

Chaska River City Days Triathlon

Last name		First name	
Address			
City	State	Zip	
Phone		Email	
Date of birth	Age (race day)	Gender	T-shirt size
Fees	<input type="checkbox"/> Individual \$50	<input type="checkbox"/> Relay \$75	
Elite wave Individuals only	<input type="checkbox"/> If you expect to finish under 1:25, check here		

Relay team information

Each team member must submit an entry form. Please send all forms together.

Relay team name		
Swimmer	Biker	Runner

Make checks payable and send to

River City Days Triathlon
1661 Park Ridge Drive
Chaska, MN 55318

Accident waiver and release of liability

I acknowledge that the Chaska River City Days Triathlon 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. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the event and lack of hydration. I hereby assume all the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in the Chaska River City Days Triathlon, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event.

In consideration of my application and permitting me to participate in the Chaska River City Days Triathlon, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON: City of Chaska, St. Francis Regional Medical Center, Ridgeview Medical Center, Allina Medical Clinics, Community Bank Chaska, Brickyard Bikes, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Chaska River City Days Triathlon.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law: I hereby certify that I have read this document; and I understand its content.

Signature	Date	Parent/Guardian signature (if under 18)	Date
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