

ENTRY FORM for Brazosport Relay Triathlon 2010

Team Name _____

Division Male Female Mixed **Age Group** _____ **Competition** Open Corporate Family
(Circle one) (Circle one)

Corporation _____

Captain
(Check one)

_____ M F _____ S M L XL
Swimmer Street Age T-shirt

 Phone Number City, State Zip Email Address

Supply a Verifiable Swim Time or Estimation for 1000m _____ (Verifiable times are seeded first – Supply Event, Meet or Coach Verification) Stroke you plan to swim _____ Freestyle _____ Other (Check one)

_____ M F _____ S M L XL
1st Runner Street Age T-shirt

 Phone Number City, State Zip Email Address

_____ M F _____ S M L XL
2nd Runner Street Age T-shirt

 Phone Number City, State Zip Email Address

_____ M F _____ S M L XL
Cyclist Street Age T-shirt

 Phone Number City, State Zip Email Address

Entry Fee Enclosed \$ _____ **Total Age** _____

WAIVER (ENTRY INVALID IF NOT SIGNED)

I hereby assume the risk of participating in any of the activities for the **Brazosport Relay Triathlon, September 11, 2010**, including but not limited to the swim, run and bike ride. In return for permitting me to participate in such activities, I, on behalf of myself, my heirs, legatees, administrators, and assigns, **HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION AND AGREE NOT TO SUE** the State of Texas, Cities of Lake Jackson, Angleton, Brazoria, Clute, Freeport, Brazoria County, organizers, or sponsors of the event regardless of whether they contributed financially. Further, I release their officers, agents, servants, and employees, in connection with or arising from any illness or personal injury (including death) that I may incur as a result of my participation in the Brazosport Relay Triathlon.

 Swimmer/Guardian signature Date

 1st Runner/Guardian signature Date

 2nd Runner/Guardian signature Date

 Cyclist/Guardian signature Date