EARTH DAY Triathlon/Duathlon

Saturday, April 27th at 9:00 a.m.

Waiver of Responsibility:

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(or as a guardian on behalf of

a participants less than 18 years old) as a participant, understand and accept that there are risks of physical injury and even death as a participant in this program/race and I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, and agree to hold harmless the City of Kodiak, the Kodiak Island Borough School District, the State of Alaska (AKDOT) and any other sponsoring/coordinating organization; their agents or representatives for any and all injuries sustained by me as a participant in this program. I also understand and accept that the program does not provide any insurance coverage and no benefit will be provided for medical costs.

INDIVIDUAL COMPETITOR (TriathIon / DuathIon) Circle one!

Participant Name	Age
Parent/Guardian Name	
Parent/Guardian or Participant Signature	
Mailing Address	Phone
E-Mail	
Lap Counter's Name	Phone
T-Shirt Size:	

Team Captain	L	
	Triathlon / Duathlon Circle on	
SWIMMER/2	1 st Runner	
Participant Name		Age
Parent/Guardian	Name	
*Parent/Guardian	or Participant Signature	
*I have read, und	erstand and accept the Waiver of Responsi	bility
Phone	E-Mail	
Lap Counter's Na	ame	Phone
RUNNER/2 nd	Runner	
Participant Name		Age
-	Name	-
Parent/Guardian		
Parent/Guardian 1 *Parent/Guardian	Name	
Parent/Guardian *Parent/Guardian *I have read, und	Name	bility
Parent/Guardian *Parent/Guardian *I have read, und Phone	Name or Participant Signature lerstand and accept the Waiver of Responsi	bility
Parent/Guardian 1 *Parent/Guardian *I have read, und Phone BIKER	Name or Participant Signature lerstand and accept the Waiver of Responsi	bility
Parent/Guardian 1 *Parent/Guardian *I have read, und Phone BIKER Participant Name	Name n or Participant Signature erstand and accept the Waiver of Responsi E-Mail	bility Age
Parent/Guardian 1 *Parent/Guardian *I have read, und Phone BIKER Participant Name Parent/Guardian 1	Name n or Participant Signature lerstand and accept the Waiver of Responsi E-Mail	bility Age
Parent/Guardian 2 *Parent/Guardian *I have read, und Phone BIKER Participant Name Parent/Guardian 2	Name or Participant Signature lerstand and accept the Waiver of ResponsiE-Mail	bility Age
Parent/Guardian 1 *Parent/Guardian *I have read, und Phone BIKER Participant Name Parent/Guardian 1 *Parent/Guardian *I have read, und	Name or Participant Signature lerstand and accept the Waiver of ResponsiE-Mail Name or Participant Signature	bility Age

T-Shirt Size:

Deliver this registration to the Teen Center or mail to Parks and Recreation, 410 Cedar Street, Kodiak, Alaska 99615. Fee is \$30 per participant and \$60 per team