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Clinton Lake Sprint Triathlon Registration Form

August 17th, 2019

8:00 am

Clinton Lake SRA / Mascoutin Beach Clinton, IL
(Distances: 300 yard swim, 13 mile bike, 3.1 mile run)

Registration Due By August 9th

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Emergency Contact/# _____

Age as of race day _____ Email _____

_____ **Individual Entry (\$50.00)** **Shirt Size: S M L XL XXL**

Or

_____ **Team (\$75.00)**

_____ (Swimmer) **Shirt Size: S M L XL XXL**

_____ (Biker) **Shirt Size: S M L XL XXL**

_____ (Runner) **Shirt Size: S M L XL XXL**

The swim portion of the race will start in waves.

\$ _____ Received Entry Fee:

\$50.00 Individual

\$75.00 per Team

You may send your completed registration form, signed, waiver, and a check made payable to:

Clinton Community YMCA
417 S. Alexander Street
Clinton, IL 61727

****ALL PARTICAPANTS MUST SIGN THE LIABILITY WAIVER ON BACK****

Submit the completed form with waiver and payment by August 9th to the YMCA

LIABILITY WAIVER

2019 Clinton Lake Sprint Triathlon

I hereby affirm my desire to participate in the Sprint Triathlon on Saturday, August 17th, 2019 at 8am sponsored by the Clinton Community YMCA.

Realizing that there is risk in this activity and in consideration of my being allowed to participate in this activity, I personally assume all risks in connection with the Sprint Triathlon. I further agree to release and hold harmless the Clinton Lake State Recreational Area, the Board of Directors of the Clinton Community YMCA, the Clinton Community YMCA, their officers, agents and employees from any and all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness, or death which may now or hereinafter arise out of, result from, or in any way be connected with my participation in the above mentioned Clinton Lake Sprint Triathlon.

I further state that I am lawful age and legally competent to sign this release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility, and assume my own responsibility of physical fitness and capacity to participate in such event, and I am physically fit.

I hereby agree to comply with all the rules and regulations and event instructions of the Clinton Lake Sprint Triathlon. I also give permission for the free use of my name and picture in any media account of promotion of this event. Finally, I agree that in the event of race disqualification, or my failure to attend, my entry fee shall not be refunded.

| | | |
|---|---------------|---|
| _____ Participant Signature | _____ Date | _____ Parent Signature (if applicable) |
| _____ Participant Signature (if team member) | _____ Date | _____ Parent Signature (if applicable) |
| _____ Participant Signature (if team member) | _____ Date | _____ Parent Signature (if applicable) |

Submit the completed registration form with waiver and payment by August 9th to the Clinton Community YMCA.