

WHI-TRI Registration Form

Name _____

Address _____

Age _____

Phone _____

Signature - Participant _____

Signature - Parent/Guardian if participant is under age 18 _____

Sign up for	Time	Price
<input type="checkbox"/> Individual - Beginner	9:30 am	\$10.00
<input type="checkbox"/> Individual - Intermediate	9.00 am	\$10.00
<input type="checkbox"/> Individual - Advanced	8.30 am	\$10.00
<input type="checkbox"/> Team - Beginner	10.00 am	\$18.00
<input type="checkbox"/> Team - Intermediate	10.00 am	\$18.00
<input type="checkbox"/> Team - Advanced	10.00 am	\$18.00
<input type="checkbox"/> Family Fun Run	11.00 am	FREE
<input type="checkbox"/> T-Shirt - Size _____	_____	\$5.00

Pre-registration deadline - 5/29/09
 Registration on the day of - extra \$5.00

Sub Total _____

Tax _____

Total _____

For Weiser Recreation Department Only

Method of Payment - Checks payable to: Weiser Rec Dept.

Cash \$ _____

Check CK# _____

Liability Waiver

I approve this registration and certify that I am (my child) is capable of such an experience. Participants understand that recreational activities do involve inherent risks, which are beyond the control of the "WHI-TRI", their staff, volunteers and members. WE do understand that upon using the facility and/or services that we hereby assume all risks for their behavior, actions and safety of minor child, children, or myself while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. In case of accident or illness, the City is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I have read and understand this agreement and release of liability, and do voluntarily agree. I give "WHI-TRI" permission to utilize pictures of me and or/my family and use for marketing, promotions, and print media.

Swimmer/Individual _____ Date _____

Cyclist _____ Date _____

Runner _____ Date _____

(If you are under 18 years of age, then your parent or legal guardian must sign)