

Gatlinburg Gateway Triathlon 2010

Registration Sheet

Participant's Name: _____ Age: _____

Team name (if applicable): _____
(Each team member must complete an entry form)

Address: _____ Phone: _____

Parent/Guardian (if under 18): _____ Phone: _____

Emergency Contact: _____ Phone: _____

T-shirt size: Ch-M ____, Ch-L ____, Ad-S ____, Ad-M ____, Ad-L ____, Ad-XL __

Lunch, \$5.00 each: **Yes:** ____, (write # if more than one) **No, thanks:** ____.

Release Form

I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights against the City of Gatlinburg, Gatlinburg Recreation Department, volunteers and race sponsors for any and all injuries suffered by me in connection with any participation in the 2010 Gatlinburg Gateway Triathlon. I understand the extreme physical requirements demanded of this event and take full responsibility for being physically, and mentally prepared. (A physical, by a medical doctor, is highly recommended prior to participation in this event).

Signature: Participant _____ Date _____

Signature: Parent/guardian (if under 18) _____ Date _____

Due to the limited number of competitors allowed in the pool at one time we will be starting in heats; please give us your estimated time for the .5 mile swim: _____ min's. Do you require any special assistance for pool exit: Y / N

Male or Female: _____

Pick one only: 14 to 19 yrs: ____; 20 to 29 yrs: ____; 30 to 39 yrs: ____;
40 to 49 yrs: ____; 50 +: ____; Team Relay: _____

Please mail application, along with your \$25 (or \$60) entry fee to:

Note: **ALL PAYMENTS FINAL;**
No rain checks.

Gatlinburg Recreation Department
PO Box 5, Gatlinburg, TN 37738
Attn: Triathlon Director
(must be received by April 5th, 2010)