

Longmont Triathlon Registration

Sunday, June 2, 2019

525yd Swim, 12mi Bike, 5K Run

****Cashier Code: 328400.1****

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Circle: Male / Female

Email: _____

Birthdate: ____ / ____ / ____ Age on Race Day: ____

500 yd swim time: _____ (max time 25 min)

Wheelchair Division? **Y N** Is this your first Triathlon? **Y N**

How many times have you done the Longmont Tri? _____

Circle Shirt Size:

Small Medium Large X-Large XX-Large

Entry Fee (circle):

Through 4/30/19: \$75 On/After 5/1/19: \$85

Longmont Try-a-Tri Registration

Saturday, June 1, 2019

200yd Swim, 4.5mi Bike, 2K Run

****Cashier Code: 328500.1****

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Circle: Male / Female

Email: _____

Birthdate: ____ / ____ / ____ Age on Race Day: ____

200 yd swim time: _____ (max time 15 min)

Is this your first Triathlon? _____

How many times have you done the Longmont Tri? _____

Circle Shirt Size:

Small Medium Large X-Large XX-Large

Entry Fee (circle):

Through 4/30/19: \$50 On/After 5/1/19: \$60

Early Registration ENDS at 12noon on Wednesday, May 29, 2019

Registration will resume at Pre-Race Check-In: 5/30/19 from 3:30-5:30pm, & 6/1/19 from 8:30am-12pm at Centennial Pool. **NO 6/2/19 registrations.**
No refunds for Triathlons.



Title Sponsor:



REGISTRATION REQUIRES SIGNED WAIVER

(SEE BACK OF THIS FORM)

Mail (by 5/23/19) or drop off completed entry forms and payment to:
Centennial Pool, 1201 Alpine St, Longmont, CO 80504

Please make checks payable to **City of Longmont.**

To pay by credit card, please register online at: longmontcolorado.gov/rec or write best time & number to call—staff will call to collect payment over the phone.

Best time to reach me is: _____ at phone #: _____.

2019 Longmont Triathlon/Try-a-Tri Waiver

Please read and accept the liability/release waivers below:

ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, AND ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful or reckless actions or gross negligence of the City of Longmont, or its officers, agents, volunteers, assistants or employees.

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

EMERGENCY MEDICAL AUTHORIZATION:

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me and/or my child(ren)/ward(s). I agree to pay all reasonable expenses for medical and related treatment obtained for me and/or my child(ren)/ward(s) and further agree that the City of Longmont is not liable for payment of such expenses.

PHOTOGRAPH RELEASE

I permit the City of Longmont to take and use photographs of me and/or my child/ward for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/ward for such purpose. I understand that such photographs of me and/or my child/ward remain the property of the City of Longmont.

Printed Participant Name: _____

Participant/Parent/Guardian Signature _____ Date _____

..... For Team Use ONLY.....

Printed Participant Name: _____

Participant/Parent/Guardian Signature _____ Date _____

Printed Participant Name: _____

Participant/Parent/Guardian Signature _____ Date _____

Printed Participant Name: _____

Participant/Parent/Guardian Signature _____ Date _____

Longmont Triathlon TEAM Registration

Sunday, June 2, 2019

Team entry available for Triathlon ONLY

Cashier Code: 328400.2

PAYER INFO--every team member must sign waiver!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Circle: Male / Female

Email: _____

Birthdate: ____ / ____ / ____ Age on Race Day: ____

Circle one: **Junior Team (combined age of 120 or under)**

Masters Team (combined age over 120)

Team Name: _____

Swimmer: _____

Biker: _____

Runner: _____

500 yd swim time: _____ (max time 25 min)

Is this your first Triathlon? _____

How many times have you done the Longmont Tri? _____

Shirt Sizes: write number of shirts next to each size

(shirt sizes assigned by registration date—sign up early to get 1st choice!)

Small ____ Medium ____ Large ____

X-Large ____ XX-Large ____

Entry Fee (circle):

Through 4/30/19: \$125 On/After 5/1/19: \$135