

Competitive Triathlon April 25, 2020 Mandatory Meeting: 8:00 a.m.; Start: 8:30 a.m.

Fitness & Relay Triathlons April 26, 2020 Mandatory Meeting: 8 a.m.; Start: 8:30 a.m.

North Platte Recreation Center

For race details, please go to: www.orourketriathlon.org

Return form to: 1300 McDonald Rd North Platte, NE 69101

INDIVIDUAL REGISTRATION

\$48.00 payable to O'Rourke Triathlon

Amount Enclosed: _____

An individual participant is anyone wanting to complete the triathlon himself or herself. Athletes in the competitive triathlon MUST swim the entire 500 yards but can rest at the end of the pool. Athletes in the fitness and swimmers in the relay divisions can water walk, swim, or use any combination. 500 yard swim, 14 mile bike, 5K run/walk. Any style of bike is acceptable, but bike helmet is mandatory. **PLEASE PRINT CLEARLY! ENTRY MUST BE SIGNED TO BE PROCESSED!**

Name: _____ Shirt Size: (CIRCLE): YS YM YL S M L XL 2XL

Birth Date: ___/___/___ Age (as of race date) _____ Gender: (CIRCLE) M F Phone: _____

Email Address: _____

Street Address: _____ City: _____ State: _____ Zip _____

TEAM REGISTRATION

\$99.00 payable to O'Rourke Triathlon

Amount Enclosed: _____

This entry is for a 2- or 3-person team. One swimmer, one bike and one runner. An athlete may complete 2 legs, but must have another member to complete the third. The swimmer can walk, swim or use any combination. 500 yard swim, 14 mile bike, 5K run/walk. Any style of bike is acceptable, but bike helmet is mandatory. **PLEASE PRINT CLEARLY! TEAM REGISTRATION WILL NOT BE ACCEPTED WITHOUT ALL TEAM MEMBERS' SIGNATURES!**

Team Name: _____ Captain Name and phone number _____

Swimmer Name: _____ Email: _____

Cyclist Name: _____ Email: _____

Runner Name: _____ Email _____

Shirt Sizes: (see options above) Swimmer _____ Cyclist _____ Runner/(Walker) _____

In consideration of accepting this entry, I RELEASE for myself and my heirs, executors, administrators, legal representatives, assigns and successors in interest, and for my child, if parent or guardian signing on behalf of a participant under the age of 19, referred to as "my child", the City of North Platte, North Platte Recreation Department, the Platte River Fitness Series, NebraskaLand National Bank, Great Plains Health and all organizations and individuals associated therewith, and all promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders, and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of property through which the event course traverses, and their representatives, successors and assigns (collectively "release parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child, or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS, the Released Parties against all claims, demands and causes of action including court cost and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Release Agreement for the benefit of me or my child. I understand and acknowledge that this Release Agreement extends to all claims of every kind whatsoever, whether known or unknown. This is an athletic event. I know that competing on foot, on bike and in the water is a potentially hazardous activity and that neither I nor my child should enter and compete in a race unless medically able and properly trained. I agree to abide by all race officials decisions concerning my, and/or my child's ability to safely complete the event. I fully and completely understand that sometimes individuals are injured while participating in triathlons. I FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falling and/or collisions with other pedestrians, bicycles, motor vehicles, and fixed or moving objects; the dangers of road conditions, surface hazards, water hazards, weather conditions, and inadequate clothing; encounters with wild or domestic animals; the possibility of serious physical and/or mental trauma or injury or death associated with a triathlon, and dangers caused by others negligence. I certify that I am for myself and/or my child physically and mentally fit to participate.

I agree with my signature to the use of my likeness, photograph, or quote by race organizers for promotional purposes. NO REFUNDS AND NO RESCHEDULE DATE!

PARENT OR GUARDIAN MUST SIGN FOR CHILD 18 & UNDER

SIGNATURE

DATE