



RACE DISTANCE: 300m Swim, 6.5 km Bike (with off-road sections), 2 km Run

Once completed, please send registration form to your UNIT Sports Rep.

UNIT CATEGORY:

BASE CUP
FLEET CUP
WING CUP

Race Day Registration ONLY

CATEGORY	DOB (DD/MM/YYYY)	
Men's Open	Master Mens (40+)	_____
Women's Open	Women's Master (40+)	Team
PAYMENT		
Paid	Cash	Invoice

TEAM NAME: _____

1

2

3

LAST NAME: _____

FIRST NAME: _____

RANK: _____

UNIT: _____

PHONE: _____

EMAIL: _____

SHIRT SIZE: Unisex: S M L XL XXL

Unisex: S M L XL XXL

Unisex: S M L XL XXL

Please indicate
which leg of the
race you will be
completing:

SWIM
BIKE
RUN

SWIM
BIKE
RUN

SWIM
BIKE
RUN

TERMS / CONDITIONS / POLICY:

I know that biking, running and/or swimming in a triathlon race is a potentially hazardous activity. I should not enter and bike/swim/run unless I am medically able and properly trained. I assume any and all other risks associated with biking/swimming/running in the triathlon event including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the terrain and lake, all such risks being known and appreciated by me. Knowing these facts, in consideration of the event coordinator, event sponsors, volunteers and organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages sustained by me as a result of this bike/swim/run event is entered into at the sole risk of the undersigned and that the organizers and sponsors of the bike/swim/run are exempt from liability for any and all damages sustained and any and all injury and loss, including personal and property loss arising from any cause whatsoever, including negligence. I further acknowledge that my image may be recorded (by video or photograph) during the event(s) and I AGREE to the use of my name, results, race category and my image from the event in any form in broadcasts, newspapers, brochures, promotional material and other media without compensation. I also understand that there are no refunds, transfers or carry over's for any reason, including medical. I hereby acknowledge having read this Release and Waiver and I understand and accept its terms.

I, _____ acknowledge that I have read and agree to the **TERMS / CONDITIONS / POLICY** information above
DATE (DD/MM/YYYY): _____

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