



# Booking It Through the Bluff Triathlon April 21, 2018

## Triathlon Team Registration Packet

Send this registration form and checks payable to Hokes Bluff Library Foundation to:

Hokes Bluff Library Foundation

c/o Alexandria Sims

3310 Alford Bend Road

Hokes Bluff, AL 35903

Team Name: \_\_\_\_\_

Team Member #1 Full Name: \_\_\_\_\_

Participant's Event (circle): cycling    boating    running

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Tee-Shirt Size (circle) : S M L XL XXL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check for Kayak Rental (includes staging, paddle, and PDF) Additional \$30.00 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

WAIVER: I know that running, biking, and kayaking are potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my activity to safely complete the triathlon. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hokes Bluff Library Foundation and their sponsors, City of Hokes Bluff, The Hokes Bluff Public Library, and their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing

to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand there is a NO REFUND Policy for the Booking It Through the Bluff Event, and in the event the race is cancelled, I will not receive a refund for race fees.

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of legal guardian of Participant under the age of 18 \_\_\_\_\_

Team Member #2 Full Name: \_\_\_\_\_

Participant's Event (circle): cycling    boating    running

Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_\_ Tee-Shirt Size (circle) : S M L XL XXL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check for Kayak Rental (includes staging, paddle, and PDF) Additional \$30.00 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

WAIVER: I know that running, biking, and kayaking are potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my activity to safely complete the triathlon. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hokes Bluff Library Foundation and their sponsors, City of Hokes Bluff, The Hokes Bluff Public Library, and their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand there is a NO REFUND Policy for the Booking It Through the Bluff Event, and in the event the race is cancelled, I will not receive a refund for race fees.

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of legal guardian of Participant under the age of 18 \_\_\_\_\_

Team Member #3 Full Name: \_\_\_\_\_

Participant's Event (circle): cycling    boating    running

Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_\_ Tee-Shirt Size (circle) : S M L XL XXL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check for Kayak Rental (includes staging, paddle, and PDF) Additional \$30.00 \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

WAIVER: I know that running, biking, and kayaking are potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my activity to safely complete the triathlon. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hokes Bluff Library Foundation and their sponsors, City of Hokes Bluff, The Hokes Bluff Public Library, and their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand there is a NO REFUND Policy for the Booking It Through the Bluff Event, and in the event the race is cancelled, I will not receive a refund for race fees.

\_\_\_\_\_  
Signature of Participant

Date

Signature of legal guardian of Participant under the age of 18