



**Individual Registration Form**

Complete the registration form, sign the waiver and mail with your payment of \$80.00 (checks only) to:

**Tri for the Cure – A Women’s Triathlon  
3243 S. Niagara Street  
Denver, CO 80224**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Select your Individual Division:  Elite  Age Group  Buddies

Elite: For Elite athletes. USAT Elite Pro Qualification Criteria:  
An athlete must finish top 10 overall and within 10 percent of the overall winner’s time (by gender) in three events that were sanctioned by USAT, occurred within the past 12 months and had at least 200 participants (male and female combined).

Age Group – Participants will be timed and scored according to age. The age group categories are:  
19 and under 45 – 49  
20 – 24 50 – 54  
25 – 29 55 – 59  
30 – 34 60 – 64  
35 – 39 65 – 69  
40 – 44 70 and above

Buddies – For those who wish to participate in the race with a friend, family member or training partner. Since your ages will vary, you will be timed, but not scored and you will not be eligible for Age Group awards. The Buddy wave(s) will begin following the Age Group waves and will be sent to start in waves of approximately 100 women.

Will you be racing as a special needs athlete?  
 Yes  No

Owned ChampionChip® Code: \_\_\_\_\_  
(If applicable. If you do not own a Chip, one will be provided to you at no extra cost at the packet pickup for use on race day. Chips must then be returned at the conclusion of the race or the participant will be charged a \$30 penalty.)

Emergency Contact Person: \_\_\_\_\_  
(Please choose someone other than a race day participant)

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Please indicate event shirt size (women’s fit sizing):  Small(4-6)  Medium(6-8)  Large(8-10)  
 XL(10-12)  XXL(12+)

Is this your first Triathlon?  Yes  No

Would you like to purchase a Columbia Tri for the Cure fleece vest (color – cranberry)? This item will be available for you to pick up at the pre-race expo at Bicycle Village on Saturday, August 2, 2008.

Small (Qty.) \_\_\_\_\_ @ \$40 ea.  Medium (Qty.) \_\_\_\_\_ @ \$40 ea.  Large (Qty.) \_\_\_\_\_ @ \$40 ea.  
 XLarge (Qty.) \_\_\_\_\_ @ \$40 ea.  XXLLarge (Qty.) \_\_\_\_\_ @ \$40 ea.



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Are you a breast cancer Survivor?  Yes  No

Would you like to make an additional donation to the Denver Metropolitan Affiliate of Susan G. Komen for the Cure? \$ \_\_\_\_\_

(If yes, please enclose a separate check made out to the Susan G. Komen for the Cure.)

### I have read and agree to the waiver below.

Signature \_\_\_\_\_  
(Electronic waiver signature must be received in order to process registration.)

By signing, you agree, warrant and covenant as follows: PLEASE READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT. I understand and acknowledge that I am legally agreeing to the statements in the following paragraphs of this Waiver Agreement by affixing my signature below and that these statements are being accepted by The Downing Group, Inc., and I further understand and acknowledge that my statements are being relied upon by the various race sponsors, organizers, administrators, volunteers and other parties defined below as the "Released Parties."

1. I acknowledge that the Tri for the Cure – A Women's Triathlon (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I acknowledge and agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in the Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter, and that I have conferred with a medical doctor who has agreed to my participation in the Event.

2. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might attempt to sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE The Downing Group, Inc., its employees, agents and sub-contractors, Susan G. Komen for the Cure and its Affiliates, all Event sponsors, Under Armour, Inc., Event producers, Event staff, administrators, officials, contractors, vendors, and organizers (including race directors), volunteers, all other persons or entities involved with the Event, states, cities, towns, and other governmental bodies and locations in which the Event or portions of the Event take place, and the officers, directors, employees, agents, insurers, and representatives of all of the above (collectively, the "Released Parties"), from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, the Event, including but not limited to any claims for theft, damage to any equipment, negligence, partial or permanent disability, claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the Event site or elsewhere), and any claims for medical or hospital expenses.

3. I acknowledge and ASSUME ALL OF THE RISKS of running, bicycling, swimming, and participating in all other sports and aspects of the Event, or any individual sport at the Event in which I decide to participate. I acknowledge that these risks may include dangerous conditions and exposure to potential physical injury or even death resulting from, among other things, vehicles or persons on the race course, falls, contact or encounters with other participants, staff, officials, contractors, vendors, volunteers and spectators, the effects of weather including heat, cold, and humidity, defective equipment, dangerous conditions on the roads or in the water, contact with other swimmers, boats, and other man-made and natural hazards in the water (collectively "Risks"). By signing below, I understand that I will be participating in all aspects of the Event at my own risk, that it is ultimately my responsibility to risk participation in the Event including but not limited to swimming in any open body of water, and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of or resulting from all such risks. I further understand that these risks may be the result of negligence or carelessness on the part of persons or entities defined above as Released Parties.

4. I FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Waiver Agreement, my breach or failure to abide by any Competitive Rules, and my actions or inactions which cause injury or damage to any other person.



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5. I AGREE that prior to participating in the Event I will inspect the race course, facilities, equipment, and areas to be used, and if I believe or become aware that any are unsafe, I will immediately advise the person supervising the Event. I FURTHER GRANT to the Event organizers, Under Armour, Inc., and their licensees the right, permission, and authority to use my name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, or other account of the Event, and I WAIVE any rights to future compensation to which I might otherwise have been entitled for such use.

6. I authorizes the Released Parties to: 1) authorize a medical care provider to carry out any emergency medical care for the Participant or any identified minor child; 2) to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if it is determined medical attention is needed. I also agrees to pay all costs associated with the medical care and related transportation provided for Participant and indemnify and hold harmless the Released Parties from any liability and/or claims associated with such medical care and/or related transportation.

7. The parent or legal guardian of any minor child participant acknowledges that he/she is signing this release on behalf of the minor child, that he/she is waiving certain rights on behalf of the minor child that the minor child otherwise may have and that the minor child shall be bound by all the terms of this release. The minor child's parent or legal guardian voluntarily grants permission for the minor child to take part in the Event and acknowledges that but for such grant of permission, the minor child would not be permitted to take part in the Event. By signing this agreement without a parent or guardian's signature, Participant represents they are at least 18 years of age, or, if signing as the parent or guardian of the Participant, signer represents they are the legal parent or guardian of the minor child.

8. REFUND POLICY: Entry fees for the Event are not refundable or transferable. Refunds may be provided in the case of medical illness. If you are not able to participate in the Event due to illness please email us at [info@trifortheure-denver.com](mailto:info@trifortheure-denver.com) and include your medical reason. We will review your request and confirm your refund via email. All refunds will be processed after the Event and should be received by September 1, 2008. Requests for refunds must be received within 7 days following the Event. We cannot guarantee that refunds received after that time will be processed.

(Athlete or Participant)

Parent/Legal Guardian Name

Print Name: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Age: \_\_\_\_\_