

# 5th Annual Super Sprint Triathlon

Swim 330 yards (5 laps), Bike 6 miles, Run 2 miles

Sunday July 8, 2012 at 7:30 AM

Legion Park, Sigourney, IA

www.triinjuly.com

Return your registration by June 15th to guarantee your t-shirt size will be available!

**Individual:**

| First Name | Last Name | Sex | Phone # | Age | T-Shirt Size | Estimated Swim Time* |
|------------|-----------|-----|---------|-----|--------------|----------------------|
|            |           | F   |         |     | S M L XL XXL | < 5 6 7 8 9 10 <     |
|            |           | M   |         |     |              |                      |

\*Estimated swim time in minutes will be used to put you in the appropriate wave. Circle one or write in a time.

**Team Name:**

Participating as a team allows you to split up the race between 2 - 3 people.

|      | First Name | Last Name | Sex | Phone # | Age | T-shirt Size | Estimated Swim Time* |
|------|------------|-----------|-----|---------|-----|--------------|----------------------|
| Swim |            |           | F   |         |     | S M L XL XXL | < 5 6 7 8 9 10 <     |
|      |            |           | M   |         |     |              |                      |
| Bike |            |           | F   |         |     | S M L XL XXL |                      |
|      |            |           | M   |         |     |              |                      |
| Run  |            |           | F   |         |     | S M L XL XXL |                      |
|      |            |           | M   |         |     |              |                      |

\*Estimated swim time in minutes will be used to put you in the appropriate wave. Circle one or write in a time.

**Waiver**

I know that participating in a triathlon is 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 ability to safely complete the triathlon. I assume all responsibility & risks for myself associated with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the route. 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 all persons, organizations, 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 that the entry fee is nonrefundable and that any individual under 18 years of age must have a parent/guardian sign this form. All participants must be at least 13 years of age as of race day. All entry fee money will be used for the race expenses and extra will be donated to the Sigourney Municipal Pool or Keokuk County Trail Development.

| Entry Fee                                 |                 |
|---|-----------------|
| <b>\$20 individual</b>                    |                 |
| <b>\$50 team</b>                          |                 |
| <b>Total Enclosed</b>                     | <b>\$</b> _____ |
| <b>Race will take place rain or shine</b> |                 |
| <b>No refunds will be given.</b>          |                 |

**Make checks payable to:**  
Tri in July

**Return completed entry form with payment to:**  
Keokuk County State Bank  
Attn: Lucas Meier  
PO Box 207  
Sigourney, IA 52591

\_\_\_\_\_  
Participant Signature (guardian if under 18) Date

\_\_\_\_\_  
Participant Signature (guardian if under 18) Date

\_\_\_\_\_  
Participant Signature (guardian if under 18) Date