



Lovell Recreation Triathlon Entry Form

Saturday, June 23, 2018 * Race starts at 8:00 a.m.**

Check-in: 7:00 – 7:45 a.m. (Lovell Municipal Pool)

Swim = 300 meters, Bike = 10.5 miles, Run = 3 miles

\$15 Solo, \$35 Team (if registered on or before June 15)

\$20 Solo, \$40 Team (if registered after June 15)

(Make Checks Payable to "LOVELL RECREATION")

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Please print all information on this page.

Name: _____ Age on Race Day _____ M / F _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone #: _____

Email: _____

* * * * *

(If participating as a relay, please fill out the information for the other TWO participants)

Name: _____ Age on Race Day _____ M / F _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone #: _____

Email: _____

Name: _____ Age on Race Day _____ M / F _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone #: _____

Email: _____

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There will be NO Split Times Available

Emergency Contact Name: _____

Relationship to entrant: _____ **Phone:** _____

WAIVER / RELEASE OF LIABILITY:

I know that participating in a road race is a potentially hazardous activity. I should NOT enter and run unless I am medically able and properly trained to complete this event. I agree to abide by any decision of a race official, relative to my ability to safely complete this triathlon.

I assume all risks associated with participating in this race, including, but not limited to: falls, contact with other participants, runners, bikers, horses and other animals, the effects of weather, including heat or cold and precipitation, traffic, and the conditions of all trails and roads, all such risks being known and appreciated by me.

Having read this waiver, knowing these facts and in consideration of the trails and roads, all such risks myself and anyone for whom I am entitled to act, waive, release, and will hold harmless the race organizers, Lovell Recreation District, Town of Lovell, and Big Horn Co. Sch. Dist. #2, and all other sponsors and property owners, and all the agents, employees, officers, directors and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race.

I understand that headphones, baby joggers or strollers, roller skates and dogs are NOT allowed in the race/triathlon.

By signing this, you agree that you have read and understand all terms and conditions of waiver rules and guidelines.

Signature of entrant: _____ (Printed): _____

Date _____ Signed by guardian if under 18: _____

Additional Team Members:

Signature of entrant: _____ (Printed): _____

Date _____ Signed by guardian if under 18: _____

Signature of entrant: _____ (Printed): _____

Date _____ Signed by guardian if under 18: _____

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Send completed registration forms and Fees to:
Lovell Recreation District, P.O. Box 596, Lovell WY 82431
Phone: (307) 548-6466 OR sign up via website (www.lovellrecreation.com)