



14th Annual Fruit at the Finish Triathlon

Registration Form/Waiver Form

Name [print legibly]: _____

Email Address: _____ Phone: _____

Participation Type: Individually
 Team [teammate names _____ & _____]

Payment: \$20 [early bird fee thru April 3] \$25 [April 6 thru April 22]

Swim Level: beginner intermediate advanced

T-Shirt Size: small medium large x-large [must register by April 10th to guarantee t-shirt & size]

Mailing Info: Mail completed *registration/waiver form* and *payment* to:

Leslie Koshiol
St. John's University/Triathlon
Mary Hall 10
Collegeville, MN 56321

Checks payable to SJU

Waiver Form

As a participant in the Fruit at the Finish Triathlon to be held Saturday, April 25, 2009, I assume complete responsibility for any injury to me or damage to my property which may occur during or arise out of the event or my participation.

- I hereby release and hold harmless the sponsors, promoters, or other persons associated with this event.
- I am also aware of the need to be physically ready in an event of this nature and the risks associated with participation.
- If I am under a doctor's care, I have reviewed my participation in the Triathlon with my doctor and he/she has stated that I may participate without any restrictions.
- I grant permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever.

Signature

Date