

Race Date: Start Time:

APOA Sprint Triathlon

Saturday April 21 2012

09:00AM (Registration 08:15AM)

Location:	To be announced
Race Contact:	DefaultRaceDirector Unassigned
	none
join JTRR https://southeastroadrunners Course Description: 500m Swim/12.5mile Bike/5k Run	.org/ results online: https://jtrr.org/event/2012/race/49
<u>Distance</u> □500m swim leg (0.5 km) □12.5mile bike leg (20.12 km) □5k run leg (5 km) □volunteer - \$0	ENTRY FORM ENTRY FEES Kids 18 & Under - \$1 Adults Day of Race - \$10
Last Name	First Name
GENDER CIRCLE ONE (Male Female Non	-Binary) Age on 7/1/2012
email	
MAILING ADDRESS	
STREET OR BOX	
СПҮ	
STATE	ZIP
RELAY TEAM NAME	
trained, and by my sig nature, I certify that I am medically able to perform the participation in this event, including the right of any official to deny or suspall risks associated with running or volunteering in this event, including I volunteers, race personnel, contract service providers, employees, and spethe conditions of the road and/or trail including surrounding terrain. I under and I will abide by all race rules. If allowed by the Race Director, and if I jogger or stroller. Having read this waiver and knowing these facts and in and Road Runners, the United States Forest Service, the state of Alas successors from all claims or liabilities of any kind arising out of my partithis waiver. In addition, I acknowledge the contagious nature of communic this event. I acknowledge that such exposure or infection may result in per	ntially hazardous activity which could cause injury or death. I will not enter and participate unless I am medically able and properly is event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my end my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume out not limited to: falls, physical contact with and/or the potential contraction of a communicable disease from other participants, ectators. I assume all risks including: the effects of the weather; high heat and/or humidity, freezing cold temperatures; traffic and erstand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, am pushing a baby jogger or stroller. I also accept the responsibility for injury up to death of the child being transported in the consideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail ka, the City and Borough of Juneau, and the Road Runners Club of America, all event sponsors, their representatives and cipation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in able diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in sonal injury illness, permanent disability, and/or death. I grant permission to all of the foregoing to use my photographs, motion poses. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this weiver, I consent event
	BIB NUMBER:
SIGNATURE	(for race officials only)
SIGNATURE of parent or guardia	n if under 18 DATE