



August 18, 2019



Sprint	Early Bird Price: \$65	Starting 6/1 Price: \$75	Day of Price: \$90
Sprint-Relay	Early Bird Price: \$105	Starting 6/1 Price: \$115	Day of Price: \$135

Name: _____

Birthdate: _____ Gender: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Race Category: (select one below)

Novice: (fewer the 3 triathlons) _____

Or

Age Group: (age on race day)

19 & under _____ 45-49 _____

20-29 _____ 50-54 _____

30-34 _____ 55-59 _____

35-39 _____ 60-64 _____

40-44 _____ 65 & up _____

Or

Relay: _____

Relay Category: (Circle one) Co-ed Male Female

(Each team member must complete a registration form)

Official Use Only
BIB Number

Payment

Cash: _____ Check #: _____

Please make checks payable to CAP
Remit to: P.O. Box 54, Cambridge, Wi 53523

T-shirt Size (Unisex Size)

Extra Small: _____

Small: _____

Medium: _____

Large: _____

X-Large: _____

XX-Large: _____

XXX-Large: _____

Credit Card

Type: Visa: _____ MC: _____

Number: _____

Expiration Date: _____ CCID: _____

Signature: _____

***Please note a \$3.50 runsignup/credit card fee
will be charged for all credit card payments

Liability Waiver and Indemnification Agreement - General Recreation Programs

I fully release and discharge the Cambridge Community Activities Program and its employees, directors, and volunteers from any and all claims or damages, including claims or damages arising from injuries, death or property damage, which may arise out of or occur in connection with my use of school district facilities, the programs offered by the Cambridge CAP or allegedly caused by the negligence of Cambridge CAP, except for those resulting from the intentional or reckless acts of the Cambridge CAP or its employees, directors, and volunteers.

I further agree to idemnify and hold harmless the Cambridge CAP and its employees, directors and volunteers from any and all claims or damages, costs, or expenses, incurred by the Cambridge CAP, its employees, directors, and volunteers which results from or relate to my use of the school district facilities and the programs offered by CCAP; except for those resulting from the intentional or reckless acts of CCAP or its officers or employees.

I have been offered the opportunity to negotiate the terms and conditions of this liability waiver and indemnification agreement; however, I choose to accept the terms and conditions of this agreement as they are, without negotiation.

Date: _____

Signature (Parent/Guardian if under 18 years)