



ENTRY FORM

Saint Joseph College 6th Annual Indoor Triathlon

For Office Use Only:	
<input type="checkbox"/>	Paid
<input type="checkbox"/>	Check Number _____
<input type="checkbox"/>	Waiver
<input type="checkbox"/>	Race Number

Name _____ Age (on race day) _____

Address _____

Phone*: _____ E-Mail: You will receive a confirmation of your registration via email

*We may need to contact you to confirm your registration or particular details. Please be sure to include the best number at which we can reach you.

Yes! I would like to be informed of other related events

T-Shirt Information: Please indicate your preferred size: S M L XL

If you would like to be in the same wave as another athlete(s), all entry forms MUST be submitted together, NO EXCEPTIONS! If your envelope is picked, your entire group is entered. Groups are limited to 6 women.	
1 Your name:	4
2	5
3	6

PAYMENT

Event fee is \$25, \$15 for SJC staff/relay and \$10 for students Check Money Order Cash
Make checks payable to: Saint Joseph College with "SAAC Triathlon" in the memo field.

Please bring your entry form & payment to the O'Connell Athletic Center front desk or mail it to:
 Debbie Fiske ■ Saint Joseph College Athletics ■ 1678 Asylum Avenue ■ West Hartford, CT 06117 ■ 860-231-5423

IMPORTANT NOTE:

The first wave begins at 9:00 a.m. All SJC staff and students will be in Wave 1 which begins at 9:00 a.m. There will be an additional 8 waves of 12 women each. Your wave could start anywhere from 9:20 a.m. until 11:40 a.m. Please factor these varying start times into your entry decision.

LOTTERY DETAILS

*All registrations **MUST** be postmarked or hand-delivered to Saint Joseph College's O'Connell Center by January 21. Lottery results will be emailed on January 25. Wave Schedule will be emailed on January 31. There will be a waiting list.*

ASSUMPTION OF THE RISK AND WAIVER STATEMENT

In consideration for the acceptance of my registration as a participant in the above entitled event, and with the understanding that my participation in this event is only on condition that I enter into this agreement, for myself, my heirs and assignees, I hereby assume the inherent and extraordinary risks involved in the SJC Indoor Sprint Triathlon and any risks inherent in any other activities connected with this event in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries, including death and accidents which may occur as a result of my participation in this event and release from Liability, Saint Joseph College, Team Training New England and each of their officers, directors, agents and representatives, employees and members. I hereby waive any claim I may have hereafter as a result of my participation in the SJC Indoor Sprint Triathlon and in any other activities connected with this event in which I may voluntarily participate. I grant permission for the use of any photographs, motion pictures, recording or any other record of this event for any legitimate purpose.

"I have read and understand the above statement."

Signature _____

Print Name _____

Date _____