2004 TINMAN TRIATHLON ENTRY FORM (Please PRINT Clearly)

Last Name ________________ First Name ________________

Birthdate __ __ __ Age(on 7/18/04) __ Sex M F How many Tinman Triathlon have you done? _____

Address ________________

City ________________ State __ Zip Code ______ Country ________

Phone ___ _______ email ________________

Division : **Elite** ☐ or **Age Group** ☐ or **Wheelchair** ☐

For Age Group entrants, indicate if also:

Military Division ☐ and/or **Clydesdale** Division ☐

Tinman Tank Shirt **Men's:** S M L XL

Or **Women's:** S M L

Make check or money order payable to: Tinman Unlimited
c/o The Bike Shop
1149 S. King Street
Honolulu, HI 96814

Entry fee:	till June 05	$75
	till June 29	$95
	till July 09	$115
Optional Finisher Tshirt		$15

Size: S M L XL

Total amount enclosed: $_____

Please read and sign statement below:

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. Tl risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people includin but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not on inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise fro negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will gove my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, a assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind whi may hereafter accrue to me including my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: City and County of Honolulu, the State of Hawaii, Tinm Unlimited, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify a Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by t negligence of releasees or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the eve holders, producers, sponsors, organizers and or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understant its content.

PRINT Participant's Name ______ **Age** ______ **Signature (If under 18 years old, parent or guardian must also sign; see below)** ______ **Date** ______

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless a indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any def in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT Parent or Guardian Name ______ **Age** ______ **Signature of Parent or Guardian** ______ **Date** ______

MAHALO TO OUR SPONSORS

THE BIKE SHOP

NIKETOWN

BUD LIGHT

TINMAN UNLIMITED