

2017 Snake River Triathlon Entry Form

March 24 & 25, 2016 – Clarkston, WA & Lewiston, ID

Choose Category (if after March 10 add \$10 per participant)

____ INDIVIDUAL w/ Shirt \$50.00
____ INDIVIDUAL w/out Shirt \$35.00
____ 2-Person TEAM w/ Shirt \$60.00
____ 2-Person Team w/out Shirt \$40.00
____ 3-Person Team w/ Shirt \$75.00
____ 3-Person Team w/out Shirt \$50.00

ONLINE RACE INFO AT
<http://connect.lcsc.edu/crosscountry>



Late entries are NOT GUARANTEED a shirt. \$5.00 Discount if you are a member of a Triathlon Club. Proof to be provided at Check In.

WILL SWIM IN: ____ *Asotin* ____ *Valley Y (Spokane)* ____ *Benewah Wellness Center (Plummer, ID)*

BIB# _____

RACE WILL BE CHIP TIMED
ONLINE REGISTRATON at www.raceentry.com
Use their social media share or referral and save \$\$\$.

INDIVIDUAL or TEAM ENTRY (Runner)

Name: _____ Age: ____ Gender: ____ Birthday: ____/____/____ Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____
Email: _____ Shirt Size (circle one): S M L XL XXL (add \$2)

TEAM ENTRY (2nd Member)

Name: _____ Age: ____ Gender: ____ Shirt Size (circle one): S M L XL XXL (add \$2)
Address: _____ City: _____ State: ____ Zip: _____

TEAM ENTRY (3rd Member – if applicable)

Name: _____ Age: ____ Gender: ____ Shirt Size (circle one): S M L XL XXL (add \$2)
Address: _____ City: _____ State: ____ Zip: _____

PLEASE READ BELOW AND SIGN BEFORE SUBMITTING.

I know that competing in a triathlon is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. I assume all risks associated with competing in this event, including, but not limited to falls, contact with other participants, the effects of weather, traffic, interactions with non-participants and the conditions of the road all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, myself and anyone entitled to act on my behalf, waive and release any and all sponsors and organizers, their officers, agents and assigns, the race director and volunteers from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver. **I also understand that my entry fee is non-refundable and non-transferable. There is a \$35 fee for all non-returned race chips.** A parent must sign if the child is under 18 years of age. This certifies that the child has permission to participate and agrees to the waiver.

ACTS OF GOD & OTHERS: Although it is not anticipated that weather, road construction, etc.. will affect the race. The race organizers reserve the right to adjust the course, the time of the race and anything other compensations necessary due to factors beyond their control which includes, but is not limited to weather, road construction, ... We will make every effort to conduct the race to the best of our ability with the safety of all participants and volunteers in mind.

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date: _____

Parent if entrant is under age of 18)

Send Entry and Fees to:
Mike Collins
C/O LCSC Athletics
500 8th AVE
Lewiston, ID 83501