

# Individual Entry Cowichan Challenge Triathlon May 26. 2019

## SPRINT RELAY 2-3 PEOPLE

<i>Event Name</i>	<i>Distance</i>	<i>Dec 1 –Jan 31</i>	<i>Feb 1 – Apr 15</i>	<i>Apr 16 - May 22</i>
SPRINT	750M/20KM/5K	\$125.00	\$145.00	\$165.00
<b>Mandatory Tri BC Day of Race insurance</b>		All non Tri BC members must pay		\$15.00
Tri BC MEMBERS DEDUCT \$15 RACE DAY INSURANCE - must show ID at check in to verify discount.		TRI BC # _____		(       )
<b>TOTAL PAID</b>				\$

### Individual information

- \*First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- \*Address: \_\_\_\_\_
- \*City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal code: \_\_\_\_\_
- \*Day Phone number: (\_\_\_\_\_) \_\_\_\_\_
- \*Email address: \_\_\_\_\_
- \*Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
- \*Age Category \_\_\_\_\_ as of December 31, 2019.**
- \*Gender:
- Male                       Female

### TRIATHLON BC WAIVER

#### RELEASE AND INDEMNITY PLEASE READ CAREFULLY

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Ceevacs Roadrunners Club and Triathlon BC (Tri BC) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Ceevacs Roadrunners Club and Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Ceevacs Roadrunners Club or Triathlon BC representatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my bicycle. I realize that I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

In witness thereof, I have hereunder set my hand this:

Day \_\_\_\_\_ of \_\_\_\_\_, 2019

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian if Under 19 years of age

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

Mail completed entry form, **signed waiver** and cheque made payable to **CEEVACS to:**  
CEEVACS: c/o Robin Taylor, 201-671 Trunk Rd, Duncan, B.C., V9L2R3