

Individual Entry Cowichan Challenge Triathlon May 26, 2019

STANDARD RELAY 2-3 people

Event Name	Distance	Dec 1 –Feb 16	Feb 17– May 21	May 22 –June 22
MAIN	1000M/38KM/10k	\$140.00	\$165.00	\$190.00
Mandatory Tri BC Day of Race insurance		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 # _____		()
TOTAL PAID				\$

Individuals information (Team member 2 or 3 - page 2)

- *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

STANDARD RELAY TEAM MATE 2

*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

STANDARD RELAY TEAM MATE 3

*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