

Dynamic Duo Duathlon
 June 26, 2016 ~ 8:30am
 Website Registration Form
 www.dynamicduoashland.com



Name _____

Address _____

City, State, Zip _____

Telephone (____) _____ Birthdate _____

Email _____ Age on June 26, 2016 _____

Sex (M) _____ (F) _____

In case of an emergency, please contact _____

Contact number _____ Relationship to participant: _____

| Adult Fees: Ages 14 and older | | | |
|---|----------------|---------------|-----------|
| | Until April 30 | May1 - June 3 | June 4-25 |
| Individual | \$50.00 | \$55.00 | \$60.00 |
| Local Individual — <i>Ashland or Bayfield County residents</i> | \$45.00 | \$50.00 | \$55.00 |

Each racer receives a finisher technical running t-shirt.
 shirt size: S M L XL XXL
 (shirts will be in women's or men's sizing)

| Kids Duathlon Fees: Ages 5-13 | | |
|--------------------------------------|----------------|-----------|
| | Until June 3rd | June 4-25 |
| | \$25.00 | \$30.00 |
| Ashland/Bayfield Residents: | \$20.00 | \$25.00 |

Shirt Size: Youth : YS YM YL or
 Adult S M L XL

REGISTRATION INCLUDES:
 Each racer receives running shirt and a medal.

Enclosed:
 \$ _____

Please read and fill out the information below. This is very important and you can't compete without this waiver.

Waiver & Release from Liability

Warning: Participating in the Dynamic Duo Duathlon can be a serious threat to health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Dynamic Duo Duathlon, I myself, my executors, administration, heirs, and assignees do hereby release and discharge Ashland County, the City of Ashland, Ashland Chamber of Commerce and all sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally, and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature, including, but not limited to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the aforesaid events. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in Dynamic Duo Duathlon I require medical attention, I hereby give my consent to authorized medical personnel of Dynamic Duo Duathlon to provide such medical care as is deemed necessary by such authorized personnel. The undersigned grant full permission to any and all of the foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

Participant Signature _____ Date _____

(Parent signs if registrant is under 18 years of age)

**Make checks payable & mail registration to : Chequamegon Bay Sprint Triathlon
 P O Box 746, Ashland, WI 54806**