



Oliver Half Triathlon
Oliver, BC
June 3, 2012
RACE LIMITED TO 1,000
ATHLETES



Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ E-mail Address: _____

Zip/Postal Code: _____ Country: _____ Gender: Male / Female

Home Phone: _____ Work Phone: _____

Date of Birth

M	M	/	D	D	/	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	1	9

 Age as of December 31st, 2012 _____

Years raced the Oliver Half? 2004 ___ 2005 ___ 2006 ___ 2007 ___ 2008 ___ 2009 ___ 2010 ___ 2011 ___

Shirt Size: (Circle One) XS S M L XL XXL (Men's & Ladies Cuts for Shirt Sizing)

PLEASE NOTE: WOMEN'S SHIRTS ARE A SNUG FIT, REFER TO SIZING CHART BELOW

LADIES:

Size:	Sizing:	Chest:	Size:	Sizing:	Chest:
XS:	2	28-30	XL:	16-18	39-41
S:	4-6	30-32	2XL:	20-22	42-43
M:	8-10	32-34	3XL:	24-26	44-45
L:	12-14	36-38	4XL:	28-30	46-47

If your size falls between sizes, please order the next size up for a more comfortable fit.

Entry Fees: Before October 31st, 2011 \$ 240.00
 From November 1 – Feb 29th, 2012 \$ 255.00
 From March 1 – May 15th, 2012 \$ 270.00

PLEASE NOTE: PRICES INCLUDE HST

TOTAL: \$ _____

NOTE: PHOTO ID IS REQUIRED AT PACKAGE PICK UP

TRIBC/ATA Membership cards will be checked at package pick up. If you do not have a membership, \$15 Insurance Fee will be collected at package pickup.

****Rollover Policy, No Refunds, Entry will be rolled over to 2013 less \$75 admin fee****

****Requests will be considered on or before March 31, 2012****

NO TRANSFERS OR SELLING OF ENTRY

Please Mail Money Order or Cheque to (NO CASH): Outback Events 4310 Hazell Rd., Kelowna, BC V1W 1P8

Athlete Profile (For Race Announcer)

Number of years in triathlons: _____

Number of triathlons competed in: _____

Profession: _____

Team/Sponsor/Club: _____

Accomplishments/Comments:

Estimated swim time: _____ Estimated finish time: _____

MEDICAL INFORMATION

Do you have any current or chronic medical problems followed by a doctor?

Are you on any medications? If so, what?

Are you allergic to any medications or insect stings?

Do you wish the medical personnel to be aware of any specific medical problems?

Additional medical comments:

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

***Note: We need a contact number of someone who will be with you on race day, not racing, also a cell # to get in touch with them in case of emergency. This is a mandatory field. You will not be registered until this has been filled in.**

Athlete Waiver and Release and Indemnification (Must be signed for entry acceptance)

ALL ATHLETES: PLEASE READ CAREFULLY AND SIGN.

I acknowledge that the Oliver Half Triathlon 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. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE OLIVER HALF TRIATHLON EVENT. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that the various race sponsors, organizers and administrators, permitting me to participate in the Oliver Half Triathlon Event, accept my statements on this release waiver.

In consideration for allowing me to participate in the Oliver Half Triathlon Event, I hereby take the following action for executor's administrator's heirs next of kin successors assigns and myself:

- a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the Oliver Half Triathlon Event, THE FOLLOWING PERSONS OR ENTITIES: Oliver Half, Outback Events Ltd, Triathlon BC, Town of Oliver, Oliver Parks & Recreation Society, Ministry of Transportation and Highways, Ministry of Water Lands & Parks, School District 53, event sponsors, event directors, event producers, volunteers, all venues in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above;
- b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and

I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during this Oliver Half Triathlon Event. I hereby agree that in the event of the event cancellation due to a storm, rain, winds, inclement weather, or other "Acts of God" conditions, my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial use. I understand that my email address and contact information will be shared with the Official Event Photographer.

I HEREBY AFFIRM THAT I AM NINETEEN (19) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE ROADWORTHINESS AND CORRECT OPERATION OF MY BICYCLE. I AM AWARE THAT ALL ATHLETES MUST SHOW A PICTURE ID AT CHECK-IN.

I AM AWARE OF AND AGREE TO THE REGISTRATION AND ROLLOVER REQUEST DEADLINES AS STATED ON THE RACE WEBSITE FOR THIS EVENT.

Printed Name

Signature

Date

Witness Name

Witness Signature

Date