2nd Annual Lake Crystal Duathlon

3.1 Mile Run, 13 Mile Bike, 2 Mile Run

May 25th, 2013
8:15 am

REGISTRATION AND WAIVER FORM

Name of Individual/Team Captain: _____

Address: _____

City, State, Zip: _____

E-mail address: _____

Birth Date: _____ Age on race day: _____ Sex: M or F

Division (circle one): Individual or Team **For the relay team: 1 person will run and the other team member will bike.

Individual tech shirt Size: S M L XL XXL *(You Must Pre-register in order to be guaranteed a shirt)*

If you are on a team, each team member needs to fill out a shirt size/name/sign below:

1. _____ tech-shirt_____
2. _____ tech-shirt_____

Team Name: _____

Knowingly and at my own risk, I hereby apply to enter the Lake Crystal Duathlon and do hereby waive and release any and all claims for damages that I may incur as a result of my participation in the event against all sponsors or any employee, volunteer, official or elected official of these organizations for said injuries. I further hereby certify 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 the Lake Crystal Duathlon, I require medical attention, I hereby give my consent to authorized medical personnel of said triathlon to provide such medical care as deemed necessary by such authorized personnel.

Participant's Signature: _____

Team Member 2 Signature: _____

Parent/Guardian Signature (if minor): _____

Make checks payable to: LCARC

Price:

	Individual	Relay Team	Family Rate*
Prior To May 12	$45	$60	$55
After May 12	$50	$70	$70
Race Day	$60	$80	$75

Mail to: 621 W. Nathan Street, Lake Crystal, MN 56055

*Family rate includes 1 duathlon race entry and 1 kid's fun run race entry (the kid's race begins at 10:30 am).