

## Whisky Dick Triathlon APPLICATION FORM

Name: \_\_\_\_\_ Email \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex: M F  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ T-Shirt Size: S M L XL

### Individual Entries

**Individual Age Category** (circle one): (14-19) (20-24) (25-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60+)

### Team Entries (all team members MUST sign)

**Swimmer Name:** \_\_\_\_\_ **Waiver Signature** \_\_\_\_\_

**Biker Name:** \_\_\_\_\_ **Waiver Signature** \_\_\_\_\_

**Runner Name:** \_\_\_\_\_ **Waiver Signature** \_\_\_\_\_

**Team Category** (please circle appropriate combined age and gender group): Tee Shirt Sizes: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Women Men Mixed Under 99 Over 99 Extended Family

**All athletes read and sign. Please read carefully before signing.**  
**ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY (AWRL)**

I acknowledge that a triathlon (or any portion thereof) is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious bodily injury, and/or property loss. By submitting this document, I HEREBY ASSUME ANY AND ALL RISKS ASSOCIATED WITH PARTICIPATING IN THE WHISKY DICK TRIATHLON. I certify that I am physically fit, have undergone sufficient training to be qualified for participation in this event, and have not been advised against participating by a medical professional. I understand and acknowledge by submitting this document that the Whisky Dick Triathlon conditions my participation in any phase of the event upon my continued adherence to this waiver and release from liability, and that if I choose, after execution of this document, not to be bound by the terms of this document then I will not participate or continue to participate in the Whisky Dick Triathlon.

By submitting this document, I hereby acknowledge and command my executor, administrators, heirs, next of kin, successors or assigns to waive, release, discharge, and agree not to sue, upon any theory of liability, for death, disability, personal injury, property damage, theft, or other actions hereinafter accruing to or through me as a result of my participation in the Whisky Dick Triathlon. This acknowledgement, waiver, and release from liability is intended by me to protect event sponsors, race directors, event producers, event volunteers, and any government organizations (including employees) through which the Whisky Dick Triathlon is staged or over whose territorial jurisdiction the event occurs. I hereby indemnify and hold harmless the individuals or organizations mentioned in the preceding sentence from any and all claims or liabilities made by other individuals or entities as a result of my actions during the Whisky Dick Triathlon.

I hereby consent to receive treatment in the event of any injury, accident, or illness occurring during the Whisky Dick Triathlon. I hereby authorize any duly certified medical professional to treat me for injuries received by me which resulted from any participation or observation of the Whisky Dick Triathlon. I hereby authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or related unhealthy conditions I may encounter during any necessary operation.

I understand that I may be photographed while participating in the Whisky Dick Triathlon. I agree and allow my photograph (or electronic recordation) of my likeness to be used for any legitimate purpose by the Whisky Dick Triathlon event producers, event sponsors, and/or assigns.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; THAT I HAVE READ EACH OF THE FOUR PARAGRAPHS OF THIS DOCUMENT; AND, I UNDERSTAND AND AGREE TO THE TERMS CONTAINED THEREIN.

I am under the age of eighteen (18) years — my parent/guardian has read and completed the waiver below.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 PARENT/GUARDIAN WAIVER — FOR MINOR

If applicant is under 18 years of age, the parents or guardians must execute, in addition to the standard waiver above, the following waiver and consent.

The undersigned \_\_\_\_\_ referred to as the parent and natural guardian of \_\_\_\_\_ does hereby represent that he/  
 (Name of Parent/Guardian) (Name of Minor)  
 she is, in fact, active in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein named above on this form as releases from all liability, loss, cost, claim, or damage whatsoever that may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases on behalf of both of the undersigned.

**CONSENT TO MEDICAL TREATMENT OF MINOR**

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at the Whisky Dick Triathlon.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

Parent/Guardian Signature \_\_\_\_\_ Relationship to Minor \_\_\_\_\_ Date: \_\_\_\_\_

**DUPLICATE AS NEEDED**

## Whisky Dick Triathlon Sunday, July 20, 2008

### Payment Options

Race Registration Fee (see "Fees") \$ \_\_\_\_\_

Extra Meal tickets @ \$9.00 each \$ \_\_\_\_\_

Bus transportation Fee @ \$10.00 \$ \_\_\_\_\_

**Total Fees** \$ \_\_\_\_\_

Check or Money Order Enclosed

**\*\*Credit Card entries must be completed on line**

**@ [www.whiskydick.com](http://www.whiskydick.com)**

### Fees

#### Individual Fees:

**\$55 postmarked by June 20, 2008**

**\$65 postmarked by July 10, 2008**

**\$75 received by July 19, 2008**

**Team Fees:** \$120 postmarked by July 10

**No race day registration!!**

**Make checks payable to:**

Whisky Dick Triathlon

PO box 943

Ellensburg, WA 98926

### Questions?

**[www.whiskydick.com](http://www.whiskydick.com)**

**[raceinfo@eburg.com](mailto:raceinfo@eburg.com)**

**(509) 929-0174**