

2010 Indy Kids Triathlon Registration

Return form with payment to:
 Telephone: (317) 327-PARK • Fax (317) 327-7090
 www.indyparks.org

Registration, Indy Parks
 200 E. Washington St., Suite 2301
 Indianapolis, IN 46204

Name of person registering participants _____

Home address _____ City _____ State _____ Zip code _____

Day phone _____ Home phone _____ Email address _____

I have read and understand the registration and refund policies (**Registration not valid without signature**)

Signature of person registering participant(s) _____ Date _____

Participant's Name	Birth date	Swimmer	Age	Registration Code	Shirt Size	Fee
Example: Susie Smith	3/4/89	Yes / No			Youth S, M, L	\$25
Subtotal						
Processing Fee						\$1.00

Ages	Distances	Registration Code	Total \$ _____
5 - 6 years old	25-yard swim, 1.5-mile bike and .5-mile run/walk (short course)	151433	
7 - 8 years old		151434	
9 - 10 years old	Can choose between short course or long course	151435 (short course)	
		151436 (long course)	
11 - 12 years old	50-yard swim, 3.0-mile bike and 1-mile run/walk (long course)	151437	
13 - 15 years old		151438	

CHECK payable to Indy Parks
 Check # _____
 Driver's License # _____
 State _____ Date of Birth _____

CREDIT CARD Visa Mastercard American Express
 Credit Card # _____ Exp. Date _____
 Card issued to (please print) _____
 Cardholder signature _____

Waiver and Release from Liability

(I)(WE) _____ do hereby RELEASE and forever DISCHARGE and hold harmless the said Department of Parks and Recreation and/or Consolidated City of Indianapolis, Indiana and their respective agents, officers and employees, from all claims, demands, damages or claims for relief on account of any and all injury which may exist or which may hereafter arise from participation in 2010 Department of Parks and Recreation programs.

(I)(WE) do further agree to protect the said Department of Parks and Recreation and/or the Consolidated City of Indianapolis, Indiana and their respective agents, officers and employees, from any damages incurred by way of claim demand or judgement and agree to reimburse said Department of City for any loss, damage or cost incurred.

(I)(WE) affirm under penalties of injury that (I)(WE) am/are 18 years of age or older, and that (I)(WE) have executed the above foregoing WAIVER AND RELEASE FROM LIABILITY and that such are true and correct to the best of my knowledge and belief, this (date) _____ day of (month) _____ 2010. (I)(WE) HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

SIGNATURE OF PARTICIPANT, OR PARTICIPANT'S PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE.

Date _____

PHOTOGRAPHIC RELEASE

I hereby (DO) (DO NOT) consent to and authorize the Department of Parks and Recreation to take photographs and/or video, and reproduce these images solely for advertising and promotional purposes. (INITIALS) _____

The City of Indianapolis does not discriminate on the basis of race, religion, color, age, sex, disability, national origin, sexual orientation or veteran status.

For Office Use Only
 Date received _____ Initials _____ Payment Method _____ Batch _____