

Burlington T3 Race Application

No refunds or credits will be given for unattended races.

Each racer should print this form, fill it out (neatly please), and mail to:

VermontFit
22 Cherry Lane
Burlington, VT 05401
email: declan.connolly@uvm.edu
Phone: 802-999-2906

Name _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Applications must be received by April 27, 2009.

Individual TINMAN Fee \$100 (3 events) _____ *or* **Individual IRONMAN distance Fee \$150** (3 events) _____

Team TINMAN Fee \$120 (3 events) _____ *or* **Team IRONMAN Fee \$170** (3 events) _____

Team Registration

Team Name _____ Runner: _____ Swimmer: _____ Cyclist: _____

Team Contact person: _____

Check enclosed for _____ made payable to *VermontFit*.

Entire race as individual Triathlon:

PLEASE CHECK EVENT

___ **TINMAN distance TRIATHLON**

Friday, May 22, 1.2 mile swim at Location TBD

Saturday, May 23, 56 mile bike from UVM Gutterson parking lot

Sunday, May 24, 13.1 run as part of Vermont City Marathon

___ **IRONMAN distance TRIATHLON**

Friday, May 22, 2.4 mile swim at location TBD

Saturday, May 23, 112 mile bike from UVM Gutterson parking lot

Sunday, May 24, 26.2 run as part of KeyBank Vermont City Marathon

For more race information visit www.vermontfit.com

WAIVER & RELEASE FORM

Read carefully before signing.

In consideration of the acceptance by sponsors of my entry in this event, I hereby waive any liability the sponsors may have arising out of my participation in this race. Furthermore, I have read the rules and regulations of the event, and as a participant, I hereby agree to hold harmless Race Series Vermont, VermontFit, Shelburne Recreation Department, Towns of Shelburne and Charlotte, KeyBank Vermont City Marathon, the University of Vermont, and Run Vermont, and all sponsors of this race for any damages— either physical, personal or property— which may arise from my participation in this event. Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so **entirely at your own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed:

Printed Name: _____

Dated: ____/____/____

