



Name: _____ Phone: _____

Address: _____

Email (for adult activities/events): _____

Event Selection (Circle One) XTREME FUN TEAM
 \$30 Individual
 \$60 Team

Office Use Only
Amount Paid: \$ _____
Receipt #: _____
Date: _____
Initials: _____

Team Information (if applicable)

Team Captain Name: _____

*Each team member must complete a separate form.

Would you like a T-shirt? (Circle One): YES NO

Size (Circle One):

S M L XL 2X 3X

*Register by July 24 to receive a T-shirt.

Participation in the 7th Annual BRC Triathlon may involve risk of injury, including bodily injury. By signing below, I acknowledge and assume all risks associated with participation. On my own behalf, and on behalf of my heirs and legal representatives, I hereby release and discharge the Burlington Recreation Commission, its board members, agents, and representatives from any and all liability for injury, death, damages, or any other claims arising from participation in this event.

In case of inclement weather, the event may be postponed or canceled. NO REFUNDS.

Participant Signature: _____

Parent/Guardian Signature (if under 18): _____

Check in begins at 7:30 AM on August 8th Location: Burlington Rec Center
 Address: 1110 Shea Street, Burlington, KS 66839
 Phone: 620-364-8484