



THE 2010 LAKE CARROLL TRIATHLON REGISTRATION FORM

PLEASE PRINT THIS FORM & MAIL WITH YOUR CHECK PAYABLE TO:

ADRENALINE SPORTS MANAGEMENT
853 N QUENTIN RD #248
PALATINE, IL 60067
OFFICE: (847) 829-4536
FAX: (847) 829-4577

For online registration and more information: WWW.LAKECARROLLTRIATHLON.COM

THE 2010 LAKE CARROLL TRIATHLON ON SUNDAY, SEPTEMBER 19, 2010

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____ Telephone: _____

T-Shirt Size (circle one): Small Med Large XL

Birthday: _____ Age on Race Day: _____

Sex (circle one): Male Female

Course (circle one): Sprint Olympic Sprint Team Male Sprint Team Female Sprint Team Mixed
Olympic Team Male Olympic Team Female Olympic Team Mixed

Pay by (circle one): Cash Check Credit Card Money Order

Credit Card Type (circle one): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____ 3 Digit Code _____

Registration Amount: \$ _____ (See Below) Register Online: www.lakecarrolltriathlon.com

TO PARTICIPATE:

The Lake Carroll Triathlon will begin at 7:00am on Sunday, September 19, 2010 at Lake Carroll located near Route 73 and Payne Rd in Lake Carroll, Illinois 61046.

REGISTRATION FEES/SCHEDULE:

Day of the event registration will be available at the Athletic Complex from 7am to 8:30am. Registration for the Lake Carroll Triathlon starts at \$85.00 for individuals and \$165.00 for teams. The triathlon will begin at 9:00am sharp! At 12:30pm we will be hosting the Awards Ceremony.

Sprint and Olympic Individual
\$85.00 until September 6, 2010
\$95.00 until September 19, 2010

Sprint and Olympic Team Relays
\$165.00 until September 6, 2010
\$185.00 until September 19, 2010

PRIZES: T-shirt to all registered participants. Attractive prizes to overall first, second and third place male & female winners in each division.

ATHLETE'S RELEASE: I know that running in road races is a potentially hazardous activity. I should not enter and run in this race unless I am medically able and properly trained. I assume all risks associated with swimming, biking and running in this triathlon, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, the water conditions, the conditions of the road and traffic on the course; all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Adrenaline Sports Management, Articulate Promotions Inc, Lake Carroll Property Association, USA Triathlon, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant my permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE: _____

Parent's signature required for participants less than 18 years old

**LAKE CARROLL TRIATHLON
WAIVER AND RELEASE**

IMPORTANT! READ CAREFULLY BEFORE SIGNING

**(Both competitor and parent or guardian must sign
if competitor is under 18 years of age)**

IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY INTO THE September 19, 2010 Triathlon in Lake Carroll (the "Event"), by signing this waiver, I waive and release any and all rights of claims to damages which I have or which I may accrue for any injuries suffered by me during my travel to or from, during my attendance at, during any time I am at the site of competition for any reason, including warm-up for competition, or during competition at the Event against any and all persons, organizations and legal entities associated with such competition, including but not limited to Lake Carroll Association (LCA), Adrenaline Sports Management (ASM), Articulate Promotions, Inc., Lake Carroll, its officers and officials, together with each entity's officers, agents, franchisees, representatives, employees, and successors. I represent that I am covered by health insurance which will cover any injuries I might sustain in the competition and understand that this is a material condition to the acceptance of my entry. I certify to the best of my knowledge and belief I am in good physical condition and have no disease or injury that would hinder my performance or create a risk to myself or others, and that I have had a physical examination by a licensed medical doctor within the last six months and was determined to be in good health.

In consideration of my participation in the Event, I grant ASM permission to use in advertising and/or promotion of the Event, my full name, likeness and photographs. I hereby represent that I have the authority to grant this permission. I understand and acknowledge that I have no right to inspect and/or approve the advertising used in connection with my name, nor do I have any right or interest in such advertising.

I agree under no circumstances shall I have any right to maintain any cause of action against ASM, or anyone else by virtue of the terms of this Release, or anything done pursuant to it.

SIGNATURE

Parent or Guardian if under 18

Print Name:_____

Print Name:_____

Date:_____

Date:_____