REGISTRATION FORM

REGISTRATION CENTERS:

the brick multi sport store

SATS SPORTS ADVENTURE TRAVEL SERVICES

LONG DISTANCE: 1.6KM SWIM - 60KM BIKE - 15KM RUN
SPRINT DISTANCE: 800M SWIM - 30KM BIKE - 7.5KM RUN
SUPER SPRINT DISTANCE: 400M SWIM - 12KM BIKE - 4KM RUN

NOTE: PLEASE FILL THE FORM LEGIBLY. ENTRY FORMS NOT FILLED-IN PROPERLY WILL NOT BE PROCESSED.

FIRST NAME	**LAST NAME**
EMAIL	**TELEPHONE / CELLPHONE NO.**
CITY / TOWN	**TEAM**
AGE (ON RACE DAY)	**BIRTHDATE** (MON. DAY, YEAR | Example: JAN. 1, 1980)
EMERGENCY CONTACT PERSON	**CONTACT NUMBER**

T-SHIRT SIZE ❍ #14 ❍ #16 ❍ #18 ❍ #20 ❍ XS ❍ S ❍ M ❍ L ❍ XL ❍ 2XL ❍ 3XL ❍ 4XL

GENDER
❍ Male
❍ Female

EVENT TYPE

STANDARD

MALE
❍ 29 & Under
❍ 30-34
❍ 35-39
❍ 40-49
❍ 50 & Above

FEMALE
❍ 29 & Under
❍ 30-39
❍ 40 & Above

SPRINT DISTANCE
❍ Male Open
❍ Female Open
❍ Team Relay

SUPER SPRINT
❍ Male Open
❍ Female Open

REG. FEES

SCHEDULE	DATE	LONG	SPRINT INDIVIDUAL	SPRINT RELAY PER HEAD	SUPER SPRINT
Early Bird	Mar.5-25	P2500	P2000	P1500	P1500
Regular	Mar.26 to Apr.13	P3000	P2500	P2000	P2000

(Non-refundable and non-transferable)

WAIVER / RELEASE FORM

In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the Municipality of Medellin and Sugbutriathlon, its officers, staff, sponsors, servants, agents and subcontractors, instrumentalities, and all voluntary community groups, and all organizations assisting this event, producers, their agents and representatives of all liabilities, claims, damages or cost, which I may have against them arising out of, or in any way connected with my participation in this event.

I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I grant the Organizers/Sponsors full permission to use my photographs and/or motion pictures, recordings or other records of the Event featuring the undersigned for any legitimate purpose, including commercial advertising.

I also understand that this registration is non-transferable and non-refundable. I agree that in the event of race cancellation due to storm, rain, inclement weather, wind or any other unforeseeable, or “act of God” conditions, my entry fee shall be non refundable.

I have carefully read this entry form and agree to abide by all rules and directions of all race officials on the day of the race.

Signature _____ Date _____

Parent's / guardian's signature over printed name if entrant is under 18 years old _____

ACKNOWLEDGEMENT RECEIPT

RACE KIT WILL BE RELEASED ONLY TO THE PERSON WHO REGISTERED. NO PROXY PLEASE. BRING A VALID ID TO CLAIM RACE KIT.

APRIL 19, 2015 (SUN)
ALPINE WHARF, KAWIT, MEDELLIN, CEBU
LONG & SPRINT - 5:30AM GUN START
SUPER SPRINT - 6:00AM GUN START

FIRST NAME	**LAST NAME**
❍ LONG ❍ SPRINT INDVIDUAL ❍ SPRINT TEAM RELAY ❍ SUPER SPRINT	
❍ EARLY BIRD ❍ REGULAR	
RECEIVED AMOUNT:	**RECEIVED BY:** (NAME, SIGNATURE & DATE)

sugbutriathlon.com