

**LIONMAN RELAY TRIATHLON 2009  
OFFICIAL WAIVER FORM**

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I, \_\_\_\_\_

I, \_\_\_\_\_

I, \_\_\_\_\_

Of team \_\_\_\_\_

Of team \_\_\_\_\_

Of team \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell \_\_\_\_\_

Tel: \_\_\_\_\_ Cell \_\_\_\_\_

Tel: \_\_\_\_\_ Cell \_\_\_\_\_

**Swimmer**

**Rider**

**Runner**

hereby accepts this entry, intending to be legally bound hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for losses and damages I may have against the Belize National Triathlon Association, the Country of Belize, sponsors of the race and all other parties and their representatives successor and assigns for any injuries suffered by me in said event. I attest and verify that I am fit, and have sufficiently trained for competition in this event and my physical condition has been verified by a licensed medical doctor. I further state that I am aware of the possibility of high temperature and the possible danger this present to an athlete.

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Signature Required: \_\_\_\_\_

Signature Required: \_\_\_\_\_

Signature Required: \_\_\_\_\_

Race Number Assigned: \_\_\_\_\_

Race Number Assigned: \_\_\_\_\_

Race Number Assigned: \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

*(if participant is under 18 years)*

Signature of Parent: \_\_\_\_\_

*(if participant is under 18 years)*

Signature of Parent: \_\_\_\_\_

*(if participant is under 18 years)*

**Note:** No one may enter without signing this official waiver. All registration must be accompanied by some form of ID. Parent or Guardian must sign the waiver for triathletes under the age of 18.

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