



Name: _____ Email: _____
 Address: _____
 City: _____ Postal Code: _____ Tel: _____
 M _____ F _____ Age on August 22/2010 _____ Date of Birth ____/____/____

Adult Events	Before July 1st	Before Aug 17th	Race Day
Try-A-Tri	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65
Sprint Duathlon	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75
Sprint Triathlon	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75
Sprint Relay	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	<input type="checkbox"/> \$105
Olympic Triathlon	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70	<input type="checkbox"/> \$85
5km Run	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40

Students under 23 40% discount, seniors over 60 10% discount on Adult Triathlon or Duathlon Events
 Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large

Waiver & Photography Release

In signing this release, I acknowledge that I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors and any participating agencies, either singly or collectively, in respect to any personal loss, illness, bodily injury or death resulting from participation in these activities. I also fully understand the rigors of such a competition and I have prepared myself physically for the race. I agree to follow the rules that govern road racing. I hereby consent to and permit emergency treatment in the event of illness or injury. I have read this waiver and release and understand that I have given up substantial rights by signing it, and sign it voluntarily. I give permission to the organizers to take pictures of me to use, reuse and/or publish through any media for any purpose whatsoever, including the use of any printed matter. I hereby waive any rights to inspect or approve the finished photograph or advertising copy that may be used.

Please return registration form and payment by cheque or cash payable to:

Cornwall Hospital Triathlon
 840 McConnell Avenue
 Cornwall, Ontario
 K6H 5S5
 Telephone (613) 938-4240 ext 2723

 (Signature of Participant)

 (Signature of Guardian if under 16 Years)



WWW.CORNWALLTRIATHLON.COM