

QUAKERMAN TRIATHLON

Gender

Male Female

T-Shirt Size

S M L XL

Team/Relay Use Only

(Check Your Event)

Swimmer Biker Runner

Team Name: _____

Each teammate MUST fill out their own registration form and they MUST be mailed in the same envelope.

Is this your first triathlon? Y / N

Make Checks Payable to Eclipse Multi-Sport

Mail to:

55 Silent Meadow Lane
Orchard Park, NY 14127

In consideration of your accepting this entry, the undersigned intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against QuakerMan Triathlon, Duathlon, Quaker Kids, Eclipse Multi-Sport, Dan Horan, Orchard Park, all sponsors, the people of New York, their offices, agents, employees, for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any of the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever.

Signature: _____
Parent or Guardian if under 18 years of age

Date: _____



CERTIFIED RACE DIRECTOR

Dan Horan

716.667.2651 or 716.930.6703

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4407 S. Buffalo St. Orchard Park, NY 14127 Phone: 716-662-7267
Wollenfamilywellnesscenter.com email: wollenwellnessandchiropractic@verizon.net



BASIL

Resale South



THE LOADED PEARL



Green Lake at Yates Park



Sunday

June 26th, 2011

8AM Start

716-830-6703

www.eclipsemultisport.com

