



For Office Use Only

Rec'd _____

Payment _____

Amount _____

SATURDAY, May 12, 2012 6:15 am
Race Application

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION:

SECTION #1 - INDIVIDUAL TRIATHLETES ONLY

() MALE () FEMALE

USAT Membership Number (Non-Members will pay a one-day membership fee of \$10.00 US): _____

Last Name: _____ First Name: _____

Address: _____ City/State: _____ ZIP: _____

Email Address: _____ Country: _____

Daytime Phone: () _____ Cell Phone: () _____

T-Shirt Size: () M () L () XL () XXL Date of Birth: ____/____/____ Age on 12/31/11: _____

Emergency Contact Person (Mandatory):

Name: _____ Phone: _____

SECTION 2: RELAY TEAMS ONLY

Please Select One: () Male () Female () Mixed () Master

Team Name: (Mandatory) _____

Swimmer:

Name (Last/First): _____

Cyclist:

Name (Last/First): _____

Runner:

Name (Last/First): _____

Address: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

City/State/ZIP: _____

Phone: _____

Phone: _____

Phone: _____

Date of Birth: _____ Age: _____

Date of Birth: _____ Age: _____

Date of Birth: _____ Age: _____

Email: _____

Email: _____

Email: _____

Emergency Contact: _____

Emergency Contact: _____

Number: _____

Number: _____

T-Shirt Size () M () L () XL () XXL

T-Shirt Size () M () L () XL () XXL

T-Shirt Size () M () L () XL () XXL

Race Status:

I am competing as a Professional (You must submit your Pro Card or a letter from your National Governing Body proving that you are a Pro)

I am competing as an Age Group Individual Athlete for Awards

I am competing as a Clydesdale/Athena (>200 lbs. For Men / >150 lbs. For Women)

We are competing as a Relay Team for Awards

REGISTRATION FEES:

Before 12/31/2011

01/01/2012-3/1/2012

3/02/2012 and after

Table with 4 columns: Registration Fee Type, Before 12/31/2011, 01/01/2012-3/1/2012, 3/02/2012 and after, and a dollar sign column.

TOTAL FEES SENT: \$ _____

Please make check or money order payable to: Gulf Coast Triathlon (Please-no cash)

Mail to: Gulf Coast Triathlon P.O. Box 15456 Panama City, FL. 32406

Online Registration: www.active.com

For additional information, visit our web site: www.gulfcoasttri.com email: gulfcoasttri@yahoo.com

Sign Up Early - Race Limited to 1,500 individuals and 100 relays
This is a Category Wave-Start Race



MEDICAL INFORMATION

Do you wish the medical personnel of the Gulf Coast Triathlon be aware of specific medical problems? Please list:

In Case of emergency contact: _____ Phone: _____

Waiver RELEASE AND INDEMNIFICATION FORM

In consideration of the acceptance of my entry in the Gulf Coast Triathlon:

- I hereby agree to comply with all the rules and regulations and event instructions of the Gulf Coast Triathlon and its Directors
- I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the Gulf Coast Triathlon event and its related activities. (We strongly recommend purchasing property insurance prior to coming to the race.)
- I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Gulf Coast Triathlon event.
- I hereby permit the free use of my name and picture in promotional materials, broadcasts, telecasts and the press as they pertain to the Gulf Coast Triathlon event.
- I hereby agree that in the event of a race cancellation due to a storm, rain, inclement seas or weather, winds or other "Acts of God" conditions, my entry fee shall be non-refundable.
- I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the GULF COAST TRIATHLON, CITY OF PANAMA CITY BEACH, BAY COUNTY, BOARDWALK BEACH RESORT, ST. ANDREWS STATE PARK, BAY MEDICAL CENTER AND BAY MEDICAL EMERGENCY MEDICAL SERVICES its event committee, officers, directors, members, volunteers, employees, agents, sponsors, other participants, operators, officials, any persons in any restricted area, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releasees", from all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to me or my property or resulting in my death, whether caused by the NEGLIGENCE of the releasees or otherwise while I am in or upon the restricted area and/or competing, officiating, in, observing, working for, or for any purpose participating in the event and whether caused by the NEGLIGENCE of the releasees or otherwise.
- I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in or upon the restricted area or in any way competing, officiating, observing, working for, or for any purpose participating in the event and whether caused by the NEGLIGENCE of the releasees or otherwise.
- I HEREBY ASSUME FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE IN OR UPON THE RESTRICTED AREA AND/OR WHILE COMPETING, OFFICIATING IN, OBSERVING, WORKING FOR, OR FOR ANY PURPOSE PARTICIPATING IN THE EVENT.
10. Refund policy: Athletes (individuals or relay teams) withdrawing on or before March 1, 2012 will receive a refund of \$100. After March 1, 2012, there will be NO REFUNDS. Please notify the Gulf Coast Triathlon in writing if you must withdraw. Please allow 4-6 weeks for processing of refunds, upon receipt of withdrawal. Active.com refunds are done by check from the Gulf Coast Triathlon only.
- Individual entries are NOT TRANSFERABLE to other athletes, nor may they be held over to another year.
- Relay members may substitute a member of their relay once and the change fee is \$25.00.

I expressly acknowledge and agree that the activities could be dangerous and involve the risk of serious injury and/or death and/or property damage. I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted, that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said releases during the entire season and applied to each and every event or activity herein above mentioned, and has the same effect as if executed after each and every activity or event in which I participate so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event herein above described.

Written signature of participant _____ Printed or typed name of participant _____ Date _____

Written signature of participant (if relay) _____ Printed or typed name of participant _____ Date _____

Written signature of participant (if relay) _____ Printed or typed name of participant _____ Date _____

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AND COMPLETE THE FOLLOWING SECTION: The undersigned, the parent and natural or legal guardian of said athlete hereby acknowledge that he/she has executed the foregoing for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the waiver. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the waiver for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing or in the execution of this consent.

Written signature of parent/guardian _____ Printed name of Parent/Guardian _____ Relationship to minor _____ Date _____