

## **Beginner Triathlon**

Please Print Clearly	Registrant's	s Information		
Name:	_		Age:	_
Address:				_
E-mail:				
City:	State:	Zip:	Phone:	
In consideration of being permitted to discharge and covenant not to sue of premises on which the triathlon is co collectively as "Releases"), from any and from all loss or damage, and an	ri-Wadena, or its officers anducted, and each of the and all liability to me or t	, sponsors, advertis m and their respect o my personal repre	ers, or the owners and les ive officers and employee esentatives, heirs, assigns	ssees of the s (all referred to s or next of kin,
Signatu	re		Date	
Registration fee: \$30 per participant (nonrefundable) Registration is limited to participants 14 years of age or older on race day. Race will be held rain or shine. Please be prepared to bring a support person to count swim laps. Bike helmets required! Check out <a href="https://www.triwadena.org">www.triwadena.org</a> for more information including ideas on suggested gear!				
Registration	<u>T-Shir</u> ons complete after May 20	t Sizes: 6 may not receive s	hirt size requested	
SmallMedi	umLa	rgeXL	2XL	3XL
Return form with fee to:  Maslowski Wellness and Research Center  Attn: Lisa Anderson				

Maslowski Wellness and Research Center Attn: Lisa Anderson 17 5<sup>th</sup> Street SW Wadena MN 56482