



Women's Triathlon 2011



Sign Up!

If we can't read it, you're not registered. All fields are required.

Individual Sign Up

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 (____) _____ Phone 2 _____

E-mail _____

Please print carefully. We don't share.

Birthdate ____/____/____

Required for timing!

Emergency Contact

Full Name _____ Phone (____) _____

Participant Signature _____

(parent signature if participant is under 18) I read and agree with the waiver - see back

T-shirt Size (circle 1) S M L XL 1X 2X 3X Date ____/____/____

Participation Waiver

ALL PARTICIPANTS IN ANY RACE, TRAINING AND/OR RELATED EVENTS CONDUCTED BY SEE JANE RUN ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THE GENERAL RELEASE AGREEMENT.

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to bring any legal action or seek to hold liable Jane's World Inc. d.b.a. See Jane Run, its officers, and employees, race officials, race volunteers, states, cities, towns, and other governmental bodies and locations in which the See Jane Run training, races and/or related events, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above, any or all of the charities affiliated with the See Jane Run training, races and/or related events all municipal agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies, organizations, or individuals related to the See Jane Run training, races and/or related events, and the directors, officers, affiliates, employees, representatives or other relations to such entities (collectively, the "Releasees"), from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims of demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the See Jane Run training, races and/or related events.

The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The Athlete is fully aware of the risks and hazards inherent in participating in the See Jane Run training, races and/or related events, knowing the risks associated with the See Jane Run training, races and/or related events. The Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the See Jane Run training, races and/or related events. The Athlete agrees to permit the use of his/her name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, brochures, and other media without compensation and without notice and I waive any rights to future compensation to which I might otherwise have been entitled for such use by Jane's World Inc. The Athlete acknowledges that providing their email address on the entry form entitles the See Jane Run to email him/her related topics. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby grants to the medical director of the See Jane Run training, races and/or related events, and their agents, affiliates and designees access to all medical records (and physicians) as necessary and authorizes medical treatment as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the See Jane Run training, races and/or related events.

IF ATHLETE IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the See Jane Run training, races and/or related events. The parent/guardian has read the forgoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The parent/guardian authorizes medical treatment for my son/daughter as needed and grants access to my child's medical records as necessary.

See Jane Run Women's Triathlon- Sep 24

	before 6/24	before 8/24	before 9/24
<input type="checkbox"/> Individual	\$ 85	\$ 95	\$ 105
<input type="checkbox"/> Relay*	\$ 180	\$ 200	\$ 220

(*cost per team)

Relay team name _____

Each member must complete a registration form. Team name is REQUIRED!

Other Relay Team Members:

1. _____

2. _____

Total \$ _____

Payment

Check # _____ Cash

Credit Card (Visa / MC / AMEX / Disc) Expires ____/____

Card Number _____

Name on Card _____

Signature _____

How did you hear about us? _____

Drop this form at any See Jane Run store, or mail / fax to:

See Jane Run
2145 Keith Street
San Francisco, CA 94124
fax: 415-594-0872

Fees are non-refundable and non-transferable
phone: 415-839-9393

www.seejanerun.com

3910 24th St, San Francisco, CA 415-401-8338
5817 College Ave, Oakland, CA 510-428-2681
3480 Blackhawk Plaza, Danville, CA 925-718-4530
814 W Idaho St, Boise, ID 208-338-5263