

Affiliation OCBP ____ other ____ Comp.# ____
Cruiser or Road bike Paid \$ ____
Gender Group ____ Cash CK #

The 4th Annual OCBP Sprint Distance Triathlon and Relay

½ mile swim, 12.4 mile bike, 5K run
August 14, 2011

Welcome! Please read and complete the following. When finished, sign in the space provided below. Return this document along with your registration fees. Thank you and Good Luck!

First Name:

Last Name:

Address:

City: State: Zip Code:

Telephone: - -

Birth Date: / / Age: Gender: Female Male

E-mail Address:

Long Sleeve T-shirt (unisex) **circle one** sm med large Xlarge XXlarge
(if none, write NONE)

WOULD YOU WANT TO BE CONTACTED ABOUT FUTURE JOB OPPORTUNITIES WITH THE OCEAN CITY BEACH PATROL? YES NO

Road Bike Division or Cruiser Division

Circle one	—————▶	Individual / relay	Individual / relay
Circle one	—————▶	male / female	male / female

-OVER-
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the 2011 OCBP Triathlon sponsored by the OCBPSRA and OCBP Triathlon Team, an athletic/sports event, which includes related events and activities, the undersigned:

1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury. This includes permanent disability, death, and economic losses that might result not only from their own actions, inactions or negligence, but the actions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or reasonably foreseeable at this time. Acknowledge, that mine or the minor's participation is voluntary and agrees to:
2. Assume any and all risks of personal injuries to the minor or myself and authorize the Town of Ocean City, the Ocean City Beach Patrol, to contact Ocean City Emergency Medical Services to render any emergency medical treatment that may be deemed necessary for the minors or mine or to take the minor or me to any hospital. I (we) give authorization to a physician or surgeon for the minor or me to receive care and/or emergency medical treatment when necessary. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills related hereto, permanent or partial disability, or death and damages to myself or the minor or any property, caused by or arising from participation in the event or activity.
3. Release, waive, discharge, and covenant not to sue the Town of Ocean City, the Town of Fenwick Island, The Ocean City Beach Patrol, their respective administrators, directors, agents, coaches and other employees or volunteers of these organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability, loss, damage, claim, demand or cause of action against those attributable to myself or the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise, except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
4. Agree that prior to my or the minor's participation in the event or activity, I or the minor and parents will inspect the facilities, equipment, and areas where the event or activity being conducted, and if either of us believe any of them are unsafe, will immediately advise the person supervising the event, activity, facility or area.
5. Grants the releasees the right to film, photograph or videotape the participant during the event which extends to all phases of publicity, promotion and advertising.
6. Warrant that the minor or I are in good health and has no physical condition that would prevent the minor or me from participation in the event or activity.

I / We have read the above waiver and release, understand that we have given up substantial rights by signing it and sign voluntarily.

Participant's Signature

Date

The following also must be signed and completed by the Parent or Guardian of each Competitor under 18. I, the parent or legal guardian, consent to the minor's participation in the event.

Parent/Guardian's Signature

Date

Relationship to Minor Child

Minor Child's Age

DO NOT MARK IN THIS SPACE

OFFICIAL CHECK

All Information Provided