

**Cortland Tri for United Way
Saturday September 16, 2017
9:00 AM**

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ email: _____ Gender: _____

Birthdate: _____ Age on Dec 31, 2017: ____ USAT Membership # (if applicable): _____

Entry Fees:

\$60 until July 31st **\$70** June 1st through Sept. 15th **\$88** on race day
Plus \$15 Non USAT members one day coverage fee

Checks payable to United Way for Cortland County

Race (check one):

Sprint: ____ Duathlon: ____

T-shirt size: _____

Emergency Contact Name: _____ Emergency Contact Phone # _____

Waiver: I am aware that participating in an endurance race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event, including but not limited to, falls, contact with other participants, effects of weather, including heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release The United Way it's race officials, the municipalities through which the race is run, and all sponsors, their race representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purpose. I understand that any entry fees are non-refundable.

Signature: _____ Date: _____

Signature of parent if under 18 _____ Date: _____