



Indoor Triathlon

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email Address _____

Birthdate _____ Male Female

Level of Participation: Serious Athlete Approximate 5K time _____

Just for Fun

I am part of a team with _____

T shirt size: Adult: S M L XL XXL

I cannot participate but have enclosed a donation of \$ _____

Payment Information:

Check (payable to The Mandel Jewish Community Center)

Charge: MasterCard Visa AmericanExpress Discover

Card Number _____ Exp. _____

Signature _____

Waiver: For valuable consideration, I hereby knowingly agree to assume all risk of bodily or personal injury, harm, loss, damage, illness or property damage resulting from my presence at and/or participation in the [Race] and its associated activities at or about The Mandel JCC, and further hereby agree to discharge, absolve and hold harmless of blame and liability The Mandel JCC and its employees, officers, trustees, representatives, successors and assigns, and waive all rights and claims of any nature, including for damage, bodily or personal injury or property damage, and all causes of action I or my heirs, executors, administrators or personal representatives may have against The Mandel JCC and/or its employees, officers, trustees, representatives, successors and assigns and others associated with this event, either singly or collectively, resulting from bodily or personal injury, harm, loss, damage, illness, property damage or inconvenience suffered or sustained as a result of my presence at and/or participation in the [Race] and its associated activities at or about The Mandel JCC. I knowingly acknowledge and understand that participation in the [Race] has the risk of injury. I further attest and certify that I am legally competent and that I am physically fit and am sufficiently trained to participate in this [Race] and associated activities. The Mandel JCC may use any photo, slide, or likeness of me or my child for promotional purposes.

Signature: _____

Parent or guardian if entrant is under 18 years of age

Please mail completed form and payment to:

The Mandel Jewish Community Center, 26001 South Woodland,
Beachwood, Ohio 44122 Attention: Bonnie Marks