

# FRS FREE Summer Tri Training

## Co-ed triathlon training program for Beginners and novice level

**Races Targeted:** Trek Women's Triathlon Sunday, September 5  
Clermont Sprint Triathlon, Saturday, September 11.

**Investment: \$28 to cover pool fees.**

**Dates: June 29, 2010 – September 9, 2010**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_ (mm/dd/yyyy)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Male / Female (circle one)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### Triathlon History:

This is my first triathlon \_\_\_\_\_

I have completed another triathlon \_\_\_\_\_

Targeted Race: \_\_\_\_\_

<b>Prerequisite</b> A desire to complete triathlons.
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<b>Group Workout Times:</b> Tuesday – 6:00am Saturday – 7:00am
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Payment Information: **Cost \$28 to cover pool fees. No coaching fees.**

Make Check Payable to: Allied Race Management

Return form and fee to: Front Running Sports, 3801 W. Lake Mary Blvd., Ste 119,  
Lake Mary, FL 32746

Payment: Cash      Check#      Credit Card Name: Visa / MC (only)

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ (mm/yy)

I authorize the following amount to be charged against my credit card: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### **WAIVER AND SIGNATURE:**

INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs, and executors, waive all rights and claims, which may hereafter, accrue to me against, Front Running Sports, Allied Race Management, or their respective officers, coaches, agents, representatives, successors, and sponsors from all claims or liabilities of any kind arising out of my participation in any of the Allied Race Management training programs even though liability may arise out of negligence or carelessness on the part of the persons named in the waiver. If I should suffer injury or illness, I authorize the officials of the program to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, recordings, or any other record of the event for any purposes of the event whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_