



Ref. No. \_\_\_\_\_

For Office Use Only

## Registration

Please fill out completely and mail with payment to the address below.

Name \_\_\_\_\_  
first/middle/last

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact's Phone \_\_\_\_\_

I will be using the Champion Chip provided by the race and will return it after the race. *(I understand that I will be charged a \$30 fee if I do not return my computer chip. Computer chips will be handed out the day of the race only.)*

I own my own Champion Chip. My number is \_\_\_\_\_

I am requesting to be in a seeded heat.  
 My overall place in 2010 was \_\_\_\_\_  
 and my time in 2010 was \_\_\_\_\_  
 or include other top results \_\_\_\_\_

Men's Age Group \_\_\_\_\_

Women's Age Group \_\_\_\_\_ *(See age group categories)*

I would like to donate \$5 to St. John's Home.  
 Or please list your preferred donation \$ \_\_\_\_\_

Rhoades McKee Corporate Challenge:  
 Team Name \_\_\_\_\_

3 Person Relay Team Name \_\_\_\_\_

Make checks payable to:

Rhoades McKee Reeds Lake Triathlon  
 750 Lakeside Drive SE, Grand Rapids, MI 49506

RHOADES MCKEE REEDS LAKE TRIATHLON

## SPONSORS

Title Sponsor:

**Rhoades McKee** PC  
*attorneys & counselors*

Gold Sponsor:



## Entry Fees

INDIVIDUAL:

- \$70 if received by September 2
- \$73 if received by September 3 – September 8
- \$78 if received Friday, September 9 *(late registration only)*
- No Race Day Registration
- 1,200 Entrants Maximum *(early registration encouraged)*
- Entry includes a high quality moisture wicking shirt
- Cancellations: Entry fees are non refundable for any reason including weather or any other unforeseen circumstance. Entries are non-transferable – no exceptions! If you cannot participate, send an email prior to the date of the race to sperry@eastgr.org and we will send your 2011 participant shirt.

• Age Groups

Men		Women	
14 to 19	50 to 54	14 to 19	50 to 54
20 to 24	55 to 59	20 to 24	55 to 59
25 to 29	60 to 64	25 to 29	60 to 64
30 to 34	65 to 69	30 to 34	65 to 69
35 to 39	70 to 74	35 to 39	70 to 74
40 to 44	75+	40 to 44	75+
45 to 49		45 to 49	

3 PERSON RELAY TEAM (Team Total):

- \$165 if received by September 2
- \$168 if received by September 3 – September 8
- \$173 if received Friday, September 9 *(late registration only)*
- Relay Groups: Awards to top 3 relay groups

In consideration of my participation in the 2011 Rhoades McKee Reeds Lake Triathlon (the "Event"), and with the understanding that my participation in the Event is only on the condition that I enter into this agreement for myself, my heirs, and any minor children who participate in the Event, and assigns, I hereby assume the inherent risks involved in the Event in which I may voluntarily participate. I expressly assume the risk and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in this Event and release from liability Rhoades McKee, City of East Grand Rapids, Village Bike Shop, Gazelle Sports, United Bank, Metro Health Sports Medicine, 95.7 W-Lite, Central Michigan Paper, Grand Rapids Ophthalmology, TYR, and any additional sponsors and each of their officers, directors, agents, representatives and employees from any and all negligence claims. I hereby waive any claim I may hereafter have as a result of any and all injury to my person or property as a result of my participation in the Event, and in any other activities connected with this Event in which I may voluntarily participate. I hereby agree to indemnify all of the above-named parties for any all claims, including attorney's fees and cost, which may be brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property which may occur as a result of the Event. I understand that participating in the Event may result in physical injury. I certify that I have read and am fully legally competent to make this agreement.

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

*(If participant is under 18 years of age, parent's signature is required.)*

Witness \_\_\_\_\_ Date \_\_\_\_\_

Silver Sponsors:



Bronze Sponsors:

