

**PRISON TO PRISON TRIATHLON  
REGISTRATION FORM**

Sunday, May 31, 2014

9:00 am

\*REGISTRATION DUE BY APRIL 30<sup>th</sup>

PLEASE PRINT CLEARLY



Name\_\_\_\_\_

Berkeley Student\_\_\_\_\_ SFSP Faculty/Staff\_\_\_\_\_ Military \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Age\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_ Individual Competition SHIRT SIZE: S M L XL

\_\_\_\_\_ (Runner) SHIRT SIZE: S M L XL

\_\_\_\_\_ (Swimmer) SHIRT SIZE: S M L XL

\_\_\_\_\_ (Biker) SHIRT SIZE: S M L XL

\$\_\_\_\_\_ Received Entry Fee: (pay with invoice at cashier's office)

\$100.00 per person for the event

Send completed registration form, signed waiver, and a check made payable to "Prison to Prison Triathlon".

Dudley Dorigt Attn: Triathlon  
San Francisco State Parks  
50 NotReal Street, Suite 110  
San Francisco, CA 94133  
Phone: (415) 555-0100 or (800) 555-PARK  
Fax: (415) 555-8969

**\*\*ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER ON BACK\*\***

**Bring completed registration form with payment confirmation.**

**Entry will not be accepted without a signed waiver!**

**LIABILITY WAIVER**  
**2014 PRISON TO PRISON TRIATHLON**

I hereby affirm my desire to participate in the Triathlon on Sunday, May 31, 2014 at 9:00 am sponsored by the San Francisco State Parks.

Realizing that there is risk in this activity and in consideration of my being allowed to participate in this insanity; I personally assume all risks in connection with the triathlon. I further agree to release and hold harmless the State of California, the Board of Trustees of the San Francisco State Parks, their officers, agents and employees from any and all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness, or death which my now or hereinafter arise out of, result from, or in any way be connected with my participation in the above mentioned San Francisco State Parks.

I understand that neither the State nor any of its agencies, including San Francisco State Parks, provides health insurance, and it is my responsibility to obtain such insurance.

I further state that I am lawful age and legally competent to sign this release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility, and assume my own responsibility of physical fitness and capacity to participate in such event, and I am physically fit.

I hereby agree to comply with all rules and regulations and event instructions of the San Francisco State Parks Triathlon. I also give permission for the free use of my name and picture in any media account of promotion of this event. Finally, I agree that in the event of race disqualification, or my failure to attend, my entry fee shall not be refunded.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (if team member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (if team member)

\_\_\_\_\_  
Date