

Rock the Quarry - Registration Form

**Saturday, August 10, 2024
First Wave 8 AM**

	Triathlon Individual Entry Mile Swim Entry or Relay Teams enter Swim Team Member	Relay Teams enter Bike Team Member	Relay Teams enter Run Team Member
Name (first, last)			
Team Name (relay teams only)			
Address			
City, State, Zip Code			
Phone Number			
Birth Date			
Age (as of 8/15/2023)			
Gender			
Shirt Size			
Email Address			
Emergency Contact (name & phone) during event			
USAT Number (*or purchase one day license below			

Triathlon Individual Entry (Check One)

- By April 28—\$45.00
- April 29—June 12—\$50.00
- June 13—August 10—\$55.00
- Onsite August 11—\$60.00
- Onsite August 12—\$70.00

Mile Swim (Check One)

- By April 28—\$30.00
- April 29—June 12—\$35.00
- June 13—August 10—\$40.00
- Onsite August 11—\$45.00
- Onsite August 12—\$50.00

- *USAT One Day License Adult \$13, Child \$5 and Team \$6**

Triathlon Team Entry (Check One)

2 Person Team 3 Person Team

	\$80.00	By April 28	\$90.00
	\$85.00	April 29—June 12	\$95.00
	\$90.00	June 13—August 10	\$100.00
	\$95.00	August 11 Onsite	\$105.00
	\$105.00	August 12 Onsite	\$115.00

Required for each triathlon participant and team member, unless already a USAT member and have provided your USAT member number above. *Not required for Mile Swim*

Make Checks Payable to "City of Goshen"

TOTAL AMOUNT ENCLOSED: _____

Release & Indemnity: In consideration for being permitted by the City of Goshen to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs or assigns. In addition, I agree to indemnify and hold harmless the City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

Signature of Participant: _____

(if under 18 signature of parent/guardian), Today's Date: _____

Photography Release: I hereby grant to the City of Goshen the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Goshen business. I fully understand that I hold no control over the use of the image of which my child or I is a part. Further, I grant to the City of Goshen, and those who the City assigns, the right to use me or my child's name if necessary. I hereby release the City of Goshen from any and all claims and demands arising out of, or in connection with the use of the photograph, including any claims of libel. This authorization and release shall also apply to those working with or in connection with the City of Goshen as well as the person(s) who took the photograph. I have fully read the foregoing and completely understand the contents.

Signature of Participant : _____

(if under 18 signature of parent/guardian), Today's Date: _____

