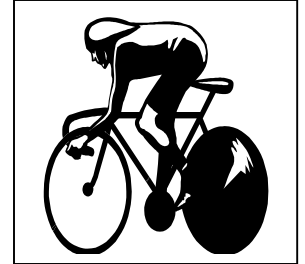


# WINGATE UNIVERSITY THIRD ANNUAL SPRINT TRIATHLON

April 14, 2007



## Events

15K Bike on the back roads of Wingate, NC

5K Run on a South East Region Conference Cross Country Course

300 yd Swim in 25 yard pool

The order of events is: Bike, Run, and Swim

## Place

Wingate University (Wingate, North Carolina 28174)

Registration will be in front of the Stegall Building (flag in front of it)

## Time

Race starts at 10:00 am

## Cost

\$10 for Wingate University affiliate individual

\$25 for Wingate University affiliate team of three

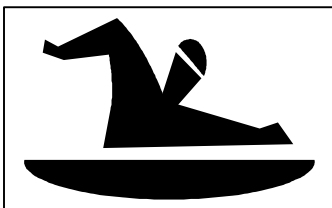
\$15 for Non-Wingate University affiliate individual

\$40 for Non-Wingate University affiliate team of three

*\*After March 23, 2007 all prices will be increased by \$10\**

**Questions? Please contact Brad Topper at**

**[bjtopper@wingate.edu](mailto:bjtopper@wingate.edu)**



## Registration Form:

Mail to:

**Campus Box 2038**

**Wingate University**

**Wingate, NC 28174**

***Make checks payable to Wingate University***

Money is non-refundable

There will be REGISTRATION up until the day of event

Prices will increase after March 23, 2007

**See Back Page....**

**INDIVIDUAL REGISTRATION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

**Wingate University affiliate:** (Circle yes or no, if yes please write affiliation with University in the space provided) **NO** \_\_\_ **YES** \_\_\_\_\_

**Can you supply your own bike?** (Circle yes or no, a limited amount of bikes will be provided on the day of the event at a cost to the participant) **NO** \_\_\_ **YES** \_\_\_

**TEAM REGISTRATION FORM**      **TEAM NAME:** \_\_\_\_\_

*Name (Runner)* \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

*Name (Biker)* \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

*Name (Swimmer)* \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

**Wingate University affiliate:** (Circle yes or no, to receive the Wingate affiliate team rate, all three participants must be affiliates of Wingate University, if yes please write affiliations with University in the space provided) **NO** \_\_\_ **YES** \_\_\_\_\_

**Can you supply your own bike?** (Circle yes or no, a limited amount of bikes will be provided on the day of the event at a cost to the participant) **NO** \_\_\_ **YES** \_\_\_

**WAIVER**

I realize that, due to the endurance nature of the sport of triathlon, participation may result in personal injury to myself. I fully accept these risks. In consideration of my acceptance of entry into this Wingate University sanctioned event, I agree that Wingate University, its directors, employees, volunteers, members, and sponsors shall not be liable for injuries or loss I might suffer from my participation. I agree not to sue, and to hold harmless any and all persons, sponsors, volunteers, participants, or Wingate University Events Management for any and all claims or liabilities that I have waived, released or discharged herein. By applying my signature to this form, I agree to the refund policy and I acknowledge my acceptance of the above. (If participant is under the age of 18, a parent or guardian must sign for this individual)

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_