

PAYMENT INFORMATION

One form per person/relay team. This form may be duplicated.

Method of Payment Enclosed: Check _____ Visa _____ Mastercard _____

Card no. _____

Ex. Date ____ / ____ 3 digit # on back _____

Individual _____

Registration Fees:

Individual: \$50 to May 30, \$60 to August 22, \$75 to August 28

Relay: \$85 to May 30, \$100 to August 22, \$125 to August 28

Relay Team _____

TOTAL \$ _____

Make Checks Payable and Mail to: Council on AODA of Washington Co.
1625 E. Washington St. West Bend, WI 53095

REGISTRATION AGREEMENT AND LIABILITY WAIVER

1. Authority to Register and/or to Act as Agent: You represent and warrant to The Council on Alcohol and Other Drug Abuse of Washington Co. ("The Council") that you have full legal authority to complete this event registration on behalf of yourself and/or any party you are registering (the "Registered Parties"), including full authority to make use of the credit or debit card to which registration fees may be charged. As used in this Agreement and Waiver, The Council refers to The Council on Alcohol and Other Drug Abuse of Washington County and any and all affiliated entities singly or together and its officers, employees, volunteers, sponsors, contractors, subcontractors and agents. If you are registering a child between the ages of 13 and 18 or an incapacitated adult you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties.

2. Waiver: You understand that participation in the event is potentially hazardous, and that a registered party should not participate unless they are medically able and properly trained. You understand that events will be held over public roads and facilities open to the public during the event and upon which hazards are to be expected. Participation carries with it certain inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death. You understand and agree that in consideration of being permitted to participate in the event, you and any registered party, the heirs, personal representatives or assigns of you or the registered party do hereby release, waive, discharge and covenant not to sue The Council for any and all liability from any and all claims arising from participation in the event by you or any registered party.

3. Indemnification: You agree to indemnify and hold the Council harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys' fees, made by any third party due to or arising from or relating to the violation of any term of this Agreement and Waiver. By indicating your acceptance of this agreement and waiver, you are affirming that you have read and understand this agreement and waiver and fully understand its terms. You understand that you are giving up substantial rights, including the right to sue. You acknowledge that you are signing the agreement and waiver freely and voluntarily, and intend by your acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature _____ Date _____



1625 E. Washington Street West Bend WI 53095
P262.335.6888 F262.335.6899
www.councilonaoda.org



under the influence of...
ADRENALINE
Council on AODA
TRIATHLON



Saturday August 29, 2009
Ackerman's Grove
4875 County Highway Z
West Bend, WI

The Council
on alcohol and other drug abuse

ADULT TRIATHLON

Saturday August 29 | 7:00 a.m.

With the gentle rolling landscape carved by the glaciers, Washington County's Ackerman's Grove County Park lies along the southeastern shore of Little Cedar Lake in the Town of Polk.

SWIM

Swim is 1/4 mile in length with entry and exit at the beach area. There will be plenty of buoys to guide your way. Please note a swim cap is required.

BIKE

The bike course is a 13 mile open course that heads out of Ackerman's Grove and onto the roads surrounding Little Cedar Lake. This is a mostly hilly loop that provides beautiful views of the countryside.

RUN

The 5K is an open course that is mostly a flat running loop, located in the residential area near Ackerman's Grove.

Packet Pick-up

West Bend Mutual Insurance Company/Prairie Center
1900 S. 18th Avenue West Bend, WI
Friday August 28, 2009 4:00pm-9:00pm

Course talks will be held along with Vendor Displays and bike safety checks. Food will be available for purchase. Packet pick-ups can also be done between 5:00am and 6:00am at Ackerman's Grove on the day of the event.

Amenities

Participants receive a t-shirt, goody bag and swim cap.
Ample aid stations throughout the courses.

Awards

Awards to top 3 male/female. Awards also given to the top 3 overall Relay Teams, Clydesdale & Athena.

REGISTRATION

One form per person/relay team. This form may be duplicated.

Or register on-line at https://www.active.com/event_detail.cfm?event_id=1708560

First _____ Last _____

D.O.B ____ / ____ / ____ Age _____ Female ____ Male ____

Address _____

City _____ State ____ Zip _____

E-mail _____ Phone _____

Athena ____ Clydesdale ____ Circle T-shirt size: S M L XL XXL

RELAY TEAM INFORMATION:

SWIMMER

First _____ Last _____

D.O.B ____ / ____ / ____ Age _____ Female ____ Male ____

Address _____

City _____ State ____ Zip _____

E-mail _____ Phone _____

Circle T-shirt size: S M L XL XXL

BIKER

First _____ Last _____

D.O.B ____ / ____ / ____ Age _____ Female ____ Male ____

Address _____

City _____ State ____ Zip _____

E-mail _____ Phone _____

Circle T-shirt size: S M L XL XXL

RUNNER

First _____ Last _____

D.O.B ____ / ____ / ____ Age _____ Female ____ Male ____

Address _____

City _____ State ____ Zip _____

E-mail _____ Phone _____

Circle T-shirt size: S M L XL XXL

see back for payment and waiver information