	PILOT MOUND SWIMMING POOL FUN TRIATHLON REGISTRATION, WAIVER & PLEDGE FORM (one form required for each participant) Date: Thursday, August 8, 2019 Registration: 5:30 - 6:00 P.M. Races start at 6:30 P.M.	
Please complete 1 form per race p	er individual	

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Participant's Name:			
Little Tykes Route	Youth Route	Full Route	
*pick up 5 pucks in pool *run from pool to tennis court (approx. 65m) *bike around the tennis court (approx. 100m) *run across finish line (approx. 35m)	*swim one length of pool (25m) *Bike from pool to "Mound Park" sign via Hwy 253 (approx. 650m) *Run from "Mound Park" sign to front of Lodge via Broadway Ave. (approx. 280m)	*swim three lengths of pool (75m) *Bike from pool to Hwy 253, travel east until Railway St., go south until Broadway Ave. (Mound Foods), travel northwest back to the pool (approx. 2.1km) *Run from pool entrance to front	
TEAM Team Name:		of lodge via Hwy 253, passed "Mound Park" sign (approx. 930m)	
		Age:	
Swimmer	_ Cyclist Runner		
	pality of Louise (put "pool triathlor on form, waiver and pledge sheets a		

registration.

TRIATHLON WAIVER

Program Name: Pilot Mound Swimming Pool Fun Triathlon

I hereby, for my child, myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the organizers of this program and any activities involving their agents representatives, successors and assigns, for any injuries suffered by my child/self during this program or any activity.

Signature of participant or guardian if participant is under 18:
Relationship to participant if under 18 years:

Name of Participant: Date:

*Cheques payable to the **MUNICIPALITY OF LOUISE** (put "Pool Triathlon" in memo)

*Tax receipt will be issued for pledges \$20.00 or more

*Sponsor's address must be provided for a tax receipt

*If tax receipt is required, individual cheques or cash must be submitted (cannot combine all cash into one cheque)

Sponsor's Name	Sponsor's Address	Phone Number	Pledge Amount
		Total Pledges:	