



2003 LIFE TIME FITNESS  
TRIATHLON - 08.02.03 -  
REGISTRATION FORM

PRESENTED BY

TELEVISED ON

PERSONAL INFORMATION

Last Name:		First Name:	
Address:			
City:	State:	Zip:	Country:
Sex (circle one):    Male   Female	Age (on race day):		D.O.B.:
Home Phone	Alt Phone	Email:	

MEDICAL EMERGENCY INFORMATION

Special Handling/Medical Needs    Yes   No	If Yes, please explain:
Emergency Contact:	Phone:

AFFILIATION INFORMATION

USAT Member:    Yes   No	USAT #:
Life Time Fitness Member:    Yes   No	LTF Member #:

RACE OPTIONS & ENTRY FEES

(Check appropriate entry fee)

	Postmarked by Jan. 31, '03	Feb. 1, '03 to Mar. 31, '03	April 1, '03 to July 1, '03	July 2, '03 to July 21, '03
Individual Amateur – Short Course		\$125.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Individual Amateur – International Course		\$125.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Individual Amateur – Elite International Course		\$125.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Individual Amateur – Elite Masters International Course		\$125.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	\$175.00 <input type="checkbox"/>
Relay Amateur – International Course		\$225.00 <input type="checkbox"/>	\$250.00 <input type="checkbox"/>	\$275.00 <input type="checkbox"/>

POTENTIAL DISCOUNTS

Annual USAT Member <i>(Subtract \$9.00 – 1 per relay team)</i>	- \$
LTF Member <i>(Subtract \$15 – per individual, including relay)</i>	- \$
<b>Discount Total</b>	<b>- \$</b>

TEAM REGISTRATION (Amateur Relay only)

Team Name:			<b>Note: All relay teams must be composed of 2 or 3 members and all teams must submit their applications together.</b>
Team Member 1:	USAT #:	LTF #:	
Team Member 2:	USAT #:	LTF #:	
Team Member 3:	USAT #:	LTF #:	

PAYMENT

Entry Fee Total	\$
Discount Total	Less \$
<b>Total Payment</b>	<b>\$</b>

Please Read this Important Information:

- ENTRIES MUST BE POSTMARKED BY PUBLISHED DEADLINES.
- All relay teams must be composed of 2 or 3 members
- All relay teams must submit their applications together.
- All requests to change from International to Short distance or vice versa, upon availability, must be received in writing at the Life Time Fitness corporate office no later than 5 p.m. July 1, 2003 and must include a \$25.00 fee.
- All participants must sign (3) waivers – photo, assumptions of risk & USAT on this form or the entry will not be processed.
- All entries must be submitted with the proper fee or will be returned. Credit card numbers and expiration dates must be legible.
- No refunds are allowed for any reason including race cancellation. Entry fees are not transferable between individuals or to future races.
- Photo identification will be required (at packet pick-up) in order to receive a race packet.
- **Absolutely no race-day packet pick-up!**

<b>Please charge my (circle one):</b>		
Visa	Mastercard	Discover
Credit Card #:	_____	
Expiration Date:	_____	
Signature:	_____	

**PLEASE PRINT CLEARLY and mail completed form and signed waivers with non-refundable entry (check or credit card) to:**

**LIFE TIME FITNESS TRIATHLON  
6442 City West Parkway – Suite 300  
Eden Prairie, MN 55344**

*As the "Official Civic Celebration of Minneapolis," the Aquatennial hosts over 800,000 people annually. From flagship parades, sporting events and outdoor concerts and our signature milk carton boat races, the festival has something for everyone. For more information, please go to [www.aquatennial.org](http://www.aquatennial.org).*

**ASSUMPTION OF RISK**

I, the undersigned, in consideration for LIFE TIME FITNESS, Inc. ("LTF") allowing my participation in the LIFE TIME FITNESS Triathlon ("Triathlon"), acknowledge that my participation in the Triathlon entails inherent risks such as death, injury and damage to property. Those risks include, but are not limited to, death, injuries and damages resulting from the following:

1. The negligence of LTF, its owners, employees, representatives, volunteers or agents; the negligence of guests, visitors or persons who may be present at or participating in the Triathlon; or the negligence of any applicable governmental entities;
2. Slips, trips, falls, crashes or other such accidents that occur while participating in the Triathlon, or which may be caused by other persons' participation in the Triathlon; and
3. The negligence or lack of adequate training of LTF's employees, representatives, volunteers, or agents who seek to assist with medical or other help either before or after injuries have occurred.

I agree to release from all liability, discharge and promise not to take legal action against: (i) LTF, its directors, owners, employees, representatives, volunteers or agents, (ii) any guest, visitor or person present or participating in the Triathlon; (iii) any sponsor of the Triathlon, their directors, owners, employees, representatives, volunteers or agents; or (iv) any applicable governmental entities, their directors, employees, representatives, volunteers or agents. I agree to release the aforementioned persons from any liability to me, my heirs, next of kin, assigns or personal representatives for any losses, damages, claims or demand arising out of my death, injuries or damages to property, even if their individual or collective negligence contributes to such death, injuries or damages.

I certify to LTF that I am eighteen (18) years of age or older, physically fit, have sufficiently trained for participating in the Triathlon, and have not been advised against participating in the Triathlon by a qualified health professional. I freely and voluntarily assume complete personal responsibility for all risks and for my death or any injury or damage that may occur to me or my property as a result of these risks, even if such death, injury or damage occurs in a manner that is not foreseeable to me at this time. I realize that by voluntarily assuming the risks involved, I will be solely responsible for my death or any injury or damage that I sustain.

**I have read this Assumption of Risk thoroughly and understand the terms. My participation in the Triathlon and my execution of this Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.**

\_\_\_\_\_  
 Signature \_\_\_\_\_ \_\_\_\_\_  
 Print Name Date

***If person is under 18 years of age, a parent or legal guardian must complete the following:***

I, the undersigned parent or legal guardian of \_\_\_\_\_ ("Minor"), hereby execute the foregoing Assumption of Risk for and on behalf of Minor and agree to bind myself, Minor and any heirs, next of kin, assigns or personal representatives to the terms of this Assumption of Risk. I represent that I have full legal authority to act for and on behalf of Minor, and I agree to indemnify and hold harmless LTF for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Assumption of Risk.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian \_\_\_\_\_ \_\_\_\_\_  
 Print Name of Parent or Legal Guardian Date

**RELEASE**

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, hereby certify to LIFE TIME FITNESS, Inc., a Minnesota corporation ("LIFE TIME FITNESS") that I am eighteen (18) years of age or older and irrevocably consent to and grant LIFE TIME FITNESS, and/or anyone authorized by LIFE TIME FITNESS, the right to use and/or reproduce (i) any and all photographs which I may provide to LIFE TIME FITNESS that contain my person, image or likeness; (ii) any and all audio recordings which I may provide to LIFE TIME FITNESS that contain my person, name or voice; and/or (iii) any and all video recordings which I may provide to LIFE TIME FITNESS that contain my person, image, likeness, name or voice; for any lawful purpose whatsoever in connection with the LIFE TIME FITNESS Triathlon and its related events. LIFE TIME FITNESS acknowledges that it shall have no proprietary rights to any photographs, audio recordings and video recordings provided to it by the undersigned.

Moreover, I understand that LIFE TIME FITNESS, and/or those authorized by LIFE TIME FITNESS, will be taking photographs and making audio and video recordings of the LIFE TIME FITNESS Triathlon and its related events. I hereby irrevocably consent to and grant LIFE TIME FITNESS, and/or anyone authorized by LIFE TIME FITNESS, the exclusive right to the ownership and use of (i) any and all photographs taken by LIFE TIME FITNESS, and/or those authorized by LIFE TIME FITNESS, that contain my person, image or likeness; (ii) any and all audio recordings made by LIFE TIME FITNESS, and/or anyone authorized by LIFE TIME FITNESS, that contain my person, name or voice; and/or (iii) any and all video recordings made by LIFE TIME FITNESS, and/or anyone authorized by LIFE TIME FITNESS, that contain my person, image, likeness, name or voice; for any lawful purpose whatsoever in connection with the LIFE TIME FITNESS Triathlon and its related events.

**I have read this Release thoroughly and understand the terms. My agreement to this Release is purely voluntary.**

\_\_\_\_\_  
 Signature \_\_\_\_\_ \_\_\_\_\_  
 Print Name Date

***If person is under 18 years of age, a parent or legal guardian must complete the following:***

I, the undersigned parent or legal guardian of \_\_\_\_\_ ("Minor"), hereby execute the foregoing Release for and on behalf of Minor and agree to bind myself, Minor and any heirs, next of kin, assigns or personal representatives to the terms of this Release. I represent that I have full legal authority to act for and on behalf of Minor, and I agree to indemnify and hold harmless LTF for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Release.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian \_\_\_\_\_ \_\_\_\_\_  
 Print Name of Parent or Legal Guardian Date

**PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY(AWRL)**

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI- SPORT EVENTS.** I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon (“USAT”) in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event, **THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY;** (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c) or of other persons or entities. **I FURTHER COVENANT AND AGREE NOT TO SUE** any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys’ fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. **I FURTHER GRANT PERMISSION** for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and **I WAIVE** all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

**I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.**

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.**

The undersigned \_\_\_\_\_ (parent/guardian) the parent and natural guardian of \_\_\_\_\_ (minor’s name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors administration, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (‘Medical Provider’) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

**NOTE: Parent/Guardian must also sign AWRL above.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**RELATIONSHIP TO MINOR** \_\_\_\_\_