



A Blissful Triathlon

run • yoga • meditation

Saturday June 1, 2019

Fees:

- \$35 Register by 3/31/19
 - \$40 Register by 4/30/19
 - \$45 Register after 5/31/19
- *No shirt guarantee

Name: _____ Gender: _____

Birthdate: _____ Age on Race Day: _____

Address: _____

Phone: _____ T-Shirt Size: _____

List any Medical Conditions: _____

Emergency Contact:

Name: _____ Phone: _____

T-Shirt Size:

- Women's Small
- Women's Medium
- Women's Large
- Women's X-Large
- Men's Small
- Men's Medium
- Men's Large
- Men's X-Large

Signature: _____

Mail w/Payment to:

Bliss Yoga Studio, 780 Community Dr., Ste 7, North Liberty, IA, 52317

Blissful Triathlon Liability Waiver

As a participant in Blissful Triathlon, I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge Bliss Yoga, LLC, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death and causes whatsoever in any matter arising from or growing out of my participation or that of my child in the event.

The Blissful Triathlon participant agrees to indemnify Bliss Yoga, LLC for all fines, fees and expenses incurred as a result of the breach of any contractual obligations of the Blissful Triathlon Participant.

I attest and verify that I am, or my child (under 18), is medically able to participate and assume all risks of participation in this event. I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to BlissYoga, LLC and its collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising.

I state that I am physically fit and able to participate in the Blissful Triathlon and I have trained sufficiently for this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

I understand that the registration fee is a non-refundable in event of withdrawal on my part or cancellation due to inclement weather.

Participant Name: _____ Date: _____

Participant Signature: _____

Parent or Guardian Signature (if under 18): _____