

(7-10 yrs) swim 100y/bike 2.2 miles/run .5 mile (11-14 yrs) swim 200y/bike 5.5 miles/run 1 mile

(15+ years) 200y/bike 5.5 miles/run 2 miles

Last Name		First Name				
Address		City				
State	Zip Code	Phone	#			
Email	·		Date of Birth			
Age (as of 12/31/201	4) Male	_Female	USAT	riathlon Me	mbership	#
100 yard swim time: _	(this is	to seed swimm	ers at th	ne swim sta	rt)	
Age Groups		Regis	<u>tration</u>		TSD "St	udent-only" discount
Junior (7-8, 9-10 yrs old	4)		0			0
Senior (11-12, 13-14 yrs	s old)	\$45.0	0		\$35.0	0
Adult (15 yrs old and old	ler)	\$45.0	0		\$35.0	0
NOTE: TSD Parents and discount code, please em		_	gister at	www.range	ertri.com	(For the TSD entry
IMPORTANT: If you ar license at packet pick-up 17). This fee will be colle	for \$10.00 (ages	18 and older) of				
T-shirt size (please	e circle): Youth	M YouthL	Adult S	Adult M	Adult L	Adults XL
Mail-in registration must packet pick-up at Jack an am- 7 pm.	•	•		_		_

Mail entry to:

Make checks payable to: TSD Ranger Triathlon TSD Ranger Triathlon PE/Aquatics Department 1102 South Congress Ave. Austin, Texas 78704 www.rangertri.com

Texas School for the Deaf Release of Liability and Assumption of Risk Agreement

All	triathletes and/or parents m	ust read and sign. Please re	ad carefully before signing.				
place at		f 1102 South Congress Ave. A	hlon sponsored by the Texas Scho Austin, Texas I	pool for the Deaf that will be taking, (print			
1.	completing all three segment		that I've sufficiently trained for th	hereby certify that I'm capable of is event. I also hereby authorize			
2.	including serious injury, para equipment and personal disc	alysis or death, from the activ	podily injury and property damage ities involved during participation minate the risk. PARTIPANT A CALL TIMES; and	is significant. Particular rules,			
3.	PROPERTY DAMAGE, B NEGLIGENCE OF PART PARTICIPANT ASSUME RANGER TRIATHLON. ASSIGNS, PERSONAL RI HARMLESS THE TEXAS AND ENTITIES SPONSO REPSECT TO ANY AND	OTH KNOWN AND UNKNICIPANT OR OTHERS, IN S FULL RESPONSIBILITY PARTICIPANT, FOR MY EPRESENTATIVES AND METERICATION OR CONTRIBUTIN ALL BODILY INJURIES, LARISING FORM THE NE	MES ALL SUCH RISK OF BONOWN, WHETHER SUCH RIST ICLUDING TEXAS SCHOOL IF FOR PARTICIPATION IN A SELF AND ON BEHALF OF POWERT OF KIN, HEREBY RELIF, ITS AGENTS AND/OR EMFOREM TO THE EVENT AND OTHE DISABILITIES, OR DEATH, OF THE CITY OF THE CITY OF	K ARISES FROM THE FOR THE DEAF, AND NY ACTIVITIES IN THE ARTICIPANT'S HEIRS, EASE AND HOLD PLOYEES, VOLUNTEERS ER PARTICIPANTS, WITH OR LOSS OR DAMAGE TO			
4.	Participant willingly agrees t participation; and	o comply wit all USA Triathl	on stated or other stated customar	ry terms, rules and conditions for			
5.	If Participant observes any unusual or significant hazards during Participant's presence or participation in activities during the Ranger Triathlon, participant will bring such hazard or hazards to the attention of the Race Directors immediately by contacting an employee or representative.						
6.	Participants willing give their	r consent for any photograph:	s or media taken during the Range	er Triathlon.			
foregoingive up Participemployeinvolve	ng Release of Liability and As substantial rights by my signi ant's heirs, assigns, and next of ees, volunteers and entities spo	sumption of Risk Agreement, and it and do consent and agree of kin, to release and hold har consoring or contributing to the with this program. EVEN IF S	een), I, (as Participant's parent/leg, fully understand its terms, underse to the Release as provided above mless all parties, including Texas e event from any and all liabilities SUCH LIABILITY ARISES FRO I by law.	stand that I and Participant will e. I further agree, for Participant, School for the Deaf, its agents, incident to Participant's			
		AGE:	DATE:				
Particip	ant Signature		<i>E</i> ATE				
			DATE:				
Parent/0	Guardian Signature						

Parent Guardian Printed Name

Contact name and phone number, in case of emergency: