

**1ST MAHINOG OFF ROAD TRIATHLON 2013**  
**CAMIGUIN ISLAND**  
 MARCH 30, 2013 ([www.camiguintriathlon.com](http://www.camiguintriathlon.com))

Race No:
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<b>RACE CATEGORY</b>	
<b>A) Individual</b>	<b>B) Team Relay</b>
<input type="checkbox"/> Standard (1.5Km Swim - 18Km Bike - 10K Run)	<input type="checkbox"/> Standard (1.5Km Swim - 18K Bike - 10K Run)

Full Name:		Citizenship:	
Birth Date (Mo/Day/Yr):	Age in 2013:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address:			
Company/School/Team:			
Tel/Cellphone Nos:		Email:	
<b>Payment Info:</b> Amount:	Received by:	Date Received:	

**For TEAM RELAY :**

2nd Member Name :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Will do: <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run
3rd Member Name :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Will do: <input type="checkbox"/> Swim <input type="checkbox"/> Bike <input type="checkbox"/> Run

**WAIVER/RELEASE FORM**

In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the Triathlon Association of the Philippines (TRAP), the Host City, its officers, staff, sponsors, servants, agents, subcontractors, instrumentality, and voluntary community groups and all organizations assisting this event, producers, their agents and representatives of all liabilities, claims, damages or cost which I may have against them arising out of, or in any way connected with my participation in this event. I understand this waiver includes claims based on negligence, action or inaction of any above parties. I fully recognized the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself a life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

I agree that in the event of race cancellation due to storm, rain, inclement, weather, wind or any unforeseeable or "act of God" conditions my entry fee shall be non-refundable and non-transferrable.

I have carefully read this entry form and agree to abide by all the rules and directions of all race officials on the day of the race.

\_\_\_\_\_  
 Participants Printed Name(s) & Signature(s)

\_\_\_\_\_  
 Signature and Name of Participant's Guardian  
 If participant is below 18 years old

**RECEIPT FOR REGISTRATION**

**MAHINOG MUNICIPAL COUNCIL**

ATHLETE NAME: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

<b>REGISTRATION FEES</b>	Individual: P1,000 until March 24, 2013 Team Relay: P1,000 per participant
<b>CATEGORIES AWARDS:</b>	TOP 3 for each Male age group : 16-19 / 20-24 / 25-29 / 30-34 / 35-39 / 40-44 / 45-49 / 50-54 / 55-59 / 60 & Above TOP 3 for each Female group : 16-19 / 20-29 / 30 & Above
<b>TO REGISTER:</b>	Submit filled-up registration form and your registration fee to ALING NONA'S LECHON (2nd Flr Robinson's Mall) For additional Info: Contact Alden's Dive Resort (0917-300-7615) Mahinog, Camiguin or visit our website at <a href="http://www.camiguintriathlon.com">www.camiguintriathlon.com</a>

**PARTICIPANTS WILL RECEIVE FINISHER'S SHIRT AND BUFFET MEAL**

