



Registration Form

Date : □□/□□/□□

***Please remember to:**

- | | |
|---|---|
| <input type="checkbox"/> Fully read the Entry Guidelines and Info and Race Rules. | <input type="checkbox"/> Choose your race category. |
| <input type="checkbox"/> Fill all mandatory fields (marked *). | <input type="checkbox"/> Include the correct applicable fees. |
| <input type="checkbox"/> Sign the Waiver. | |

*** Entry for** (tick ✓ any one):

- | | |
|--|--|
| <input type="checkbox"/> Destination Triathlon (1.5K Swim, 60K Cycle, 11K Run) (Above 18) | |
| <input type="checkbox"/> Olympic Distance (1.5K Run, 40K Cycle, 10K Run) (Above 18) | |
| <input type="checkbox"/> Sprint Triathlon (500m Swim, 20K Cycle, 5 K Run) (Above 18) | |
| <input type="checkbox"/> Sprint Triathlon – Team Relay (500m Swim, 20K Cycle, 5 K Run) (Above 18) | |
| <input type="checkbox"/> Duathlon (2.5K Run, 20K Cycle, 2.5K Run) (Above 14) | <input type="checkbox"/> Kids Dash [8 yrs to 10 yrs] (3K Bike, 1K Run) |
| <input type="checkbox"/> Kids Dash [11 yrs to 12 yrs] (4.5K Bike, 1.5K Run) | <input type="checkbox"/> Kids Dash [13 yrs to 14 yrs] (6K Bike, 2K Run) |
| <input type="checkbox"/> Fun Run (5K Run) | |

Personal Information:

*First Name: _____	Middle Name: _____
*Last Name: _____	*Nationality: _____
*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	*Date Of Birth: □□/□□/□□ (DD/MM/YY)

*Age Group As on 14th February, 2010:

- 14 – 15 16 – 17 18 – 24 25 – 29 30 – 34 35 – 39 40 – 44 45 – 49 50 – 54 55 – 59
- 60+



Occupation: (tick any one):

Business, Self – Employed, Service, Retired, Housewife, Student

Monthly Household Income (Rs.) (tick any one):

Upto 5,000 5,001-10,000 10,001-25,000 25,001-50,000 > 50,001

T-Shirt Size: S M L XL

*Participating as: Pro Amateur

Pro Triathletes need a Pro Certificate from relevant certifying bodies to be presented at the time of Bib Collection.

Contact Information (Please provide full and accurate details)

*Address: _____

*City/Town _____ *State / Province: _____

*Postal Code: _____ *Country: _____

E-mail: _____

Business Phone: _____ Home Phone: _____

*Mobile: (for participants below 18, Mobile No. of Guardian also to be provided): _____

Entry Mode

*Mode of Payment: Cheque Demand Draft Cash *Amount (Rs.) _____

*Amount (Words) _____

Cheque/Demand Draft No. _____ Cheque/Demand Draft Date: // (dd/mm/yy)

Bank Name & Branch _____

Cheque/Demand Draft in favour of: **Greymatter – India Triathlon** Payable at: **Mumbai**

Postal Address:

A/8, Sai Mahal, Sai Baba Complex, Mohan Gokhale Road, Goregaon (E), Mumbai – 40006



Health Information

*Emergency Contact Person 1 (Name): _____ (Telephone) _____

*Emergency Contact Person 2 (Name): _____ (Telephone) _____

*Do you have any current medical problems or conditions for which a doctor is treating you?

Yes , No

If Yes, Details: _____

*Are you allergic to any medications?

Yes , No

If Yes, Details: _____

*Do you wish the event medical staff to be aware of any specific medical problem?

Yes , No

If Yes, Details: _____

Significant Athletic Accomplishment or Interesting Personal Story:



For Sprint Triathlon – Team Relay

Note : Account owner is the team's leader/contact person.
You are required to confirm your status as a team member.

*Team Name: _____

*I am a Team Leader and will participate as a: Swimmer Cyclist Runner

Member 2:

*Participating as: Swimmer Cyclist Runner

*First Name: _____ Middle Name: _____

*Last Name: _____ *Nationality: _____

*Gender: Male Female

*Date Of Birth: / /
(DD/MM/YY)

E-mail ID: _____ *Mobile: _____

*Signature: _____

Member 3:

*Participating as: Swimmer Cyclist Runner

*First Name: _____ Middle Name: _____

*Last Name: _____ *Nationality: _____

*Gender: Male Female

*Date Of Birth: / /
(DD/MM/YY)

E-mail ID: _____ *Mobile: _____

*Signature: _____



*How did you get to know about India Triathlon:

- Word of Mouth Internet
 Newspaper Radio
 Others

Waiver (Compulsory for Registration)

I declare, confirm and agree as follows and I/my ward :

(1) know that participating in the India International Triathlon on the 14th of February 2010 is a potentially hazardous activity. (2) understand that I/my ward must be of, and must train to, an appropriate level of fitness to participate in such a physically demanding event and I/my ward have obtained a medical clearance from a registered medical practitioner, allowing me to participate in the event/s. (3) agree to abide by any decision of a race official relative to my ability to safely complete the event. (4) am voluntarily entering and assuming all risks associated with participating in the Event including, but not limited to, drowning, falls, contact with vehicles, other participants, spectators or other, the effect of weather, including high heat, and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. (5) having read this waiver and knowing these facts, I/my ward waive and release all Sponsors of the event, all political entities, authorities and officials, Grey Matter, each of the respective representatives, officers, directors, members, agents and employees of the event and all other persons and entities associated with the event from all present and future claims or liabilities of the kind, known or unknown, arising out of my participation in the event and whether on account of illness, injury, death or otherwise, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. (6) agree that if I am/my ward is injured or taken ill or otherwise suffer/s any detriment whatsoever, I hereby irrevocably authorize the event officials and organizers to, at my/our risk and cost, transport me/my ward to a medical facility and/or to administer emergency medical treatment and I/my ward waive/s all claims that might result from such transport and/or treatment or delay or deficiency therein. I shall pay or reimburse to you my/my ward's medical and emergency expenses and I/my ward hereby authorize/s you to incur the same. (7) shall provide to race officials such medical data relating to me/my ward as they may request. I agree that nothing herein shall oblige the event officials or organizers or any other person to incur any expense or to provide any transport or treatment. (8) in case of any illness or injury caused to me or my ward or death suffered by me or my ward due to any force majeure event including but not limited to fire, riots or other civil disturbances, earthquakes, storms, typhoons or any terrorist act, none of the Sponsors of the event, or any of the political entities, authorities and officials, Grey Matter, each of the respective representatives, officers, directors, members, agents and employees of the event and all other persons and entities associated with the event shall not be held liable by me/my ward or my/my ward's representatives. (9) understand, agree and irrevocably permit Grey Matter to share the information given by me/my ward in this application, with all/any entities associated with India Triathlon, 2010, at its own discretion. (10) I have read and accept the Race Rules and Entry Guidelines & Info mentioned in www.indiatriathlon.com

I grant my permission to all of the foregoing to use or authorize others to use photographs, motion pictures, recordings, or any other record of my participation in the event for promoting India Triathlon, 2010 or for any other legitimate purpose without remuneration



I certify that the above information indicated is fully correct. I also agree that I will update all required information at a time any change actually occurs.

I have read and accept the Waiver.

(Applicant's Signature)

If the applicant is under 18 years of age on 14th Feb, 2010.

Guardian's Signature

Name & Relation of Guardian with Applicant

For further assistance, mail to info@indiatriathlon.com or call on 022-28400868.