



Lifestyle Challenge 2009  
OFFICIAL WAIVER FORM

Team Name:

Name, date of birth, and sex of participant(s) - indicate team leader:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsor (if applicable): \_\_\_\_\_

In considering of accepting this entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for losses and damages I may have against the Belize National Triathlon Organization, the Country of Belize, sponsors of the race and all other parties and their representatives successor and assigns for any injuries suffered by me in said event. I understand that results vary by person and are dependent on a number of factors including family health history, eating habits, exercise patterns, etc. The Belize National Triathlon Association is not responsible for and does not guarantee specific outcomes resulting from participation.

Signature Required: \_\_\_\_\_

Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_

**\$20.00/ person**

Signature of Parent: \_\_\_\_\_

Note: *No one may enter without signing this official waiver. All registration must be accompanied by some form of ID. Parents or Guardian must sign the waiver for participants under the age of 18.*



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