**MAYOR CHERRY M. ALILIO**

**IST Invitational Triathlon**

**For a Cause**

A. Santos Resort, Brgy Nonong Casto

Lemery, Batangas

August 10-11, 2013 [Race starts at 6:00 AM]

**REGISTRATION FORM**

*[PLEASE READ FORM AND PRINT CLEARLY]*

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| --- | --- | --- | --- |
| **Last Name** | **First Name** | **M.I.** | **Nationality** |
| **Mailing Address Gender*****Street Barangay Municipality City Province Postal Code ZIP***  |
| **Date of Birth [mm/dd/yyyy]** | **Civil Status** | **Height** | **Weight** | **Team Name** |
| **Company School Team Club Organization** |
| **Email Address** | **Contact No. [Landline]** | **Contact No. [Cellphone]** |
| **To Register:***Please deposit payment to:*SHAYNE I. CATAPANGBPI Lipa UptownSavings Account No. 0889061537*Email Entry Form and Deposit Slip with name to:*Mobile Number: 09055115351/ 09165521184E-mail Address : shayne.catapang.83@gmail.com*Please deposit payment to:*RAMIL P. NUNGAYALLIED BANK, Batangas CityCash Card Account No. 0796011214*Email Entry Form and Deposit Slip with name to:*Mobile Number: 09273287949E-mail Address : ramilnungay@gmail.com | Road Race (sprint/mini sprint)Sprint 600m Swim (2 loops)20km Bike (10km TAP)4km RunMini Sprint (13 and over)300m Swim (2 loops)10km Bike (5km TAP)4km RunPrize MoneySprintMen/Women1st 10,0002nd 7,0003rd 5,0004th 3,0005th 2,000Mini SprintTop 3- Men/WomenRelay- Top 3Batangas Triathlete Category- Top 3- Men/Women |
| Registration Fee1,500-solo4,000-relay | **Payment Information [to be filled-out by MCMA 1st IT]**Amount [Php] -Received by -Date Received - |
|  **WAIVER/ RELEASE FORM**In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the MCMA 1st IT, its officers, staff, sponsors, servant, agents and subcontractors, instrumentality and all 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 anyway 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 other unforeseeable, or “Act of God” conditions, my entry fee shall be non-refundable.I have carefully read this Entry Form and agree to abide by all rules and directions of all race officials on the day of the race. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Participant’s Signature over printed Name] [Signature and Name of Participant’s Parent/ Guardian if Participant is under 18 years old |
| **RECEIPT OF REGISTRATION**Name of Registrant/ Tri-athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Fee received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |