



URI DEPARTMENT OF RECREATIONAL SERVICES 2012 INDOOR BIATHLON REGISTRATION

NAME: (PLEASE PRINT) _____

STUDENT/EMPLOYEE I.D. # (if applicable): _____

SECOND PERSON (If doing 2 person relay event)

	Advance	Day of	Circle (if applicable)
REGISTRATION CATEGORY: <input type="checkbox"/> URI Student <i>(2 person team pays one entry fee, category based on adult membership status)</i>	\$15.00	\$25.00	Fresh / Soph / Jun / Sen / Grad
<input type="checkbox"/> Rec/TAC Pass	\$20.00	\$25.00	Fac / Staff / Alumni / Spouse
<input type="checkbox"/> Non-Member	\$25.00	\$25.00	

ADDRESS: _____

PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT: _____
NAME

PHONE NUMBER _____

PAYMENT: \$ _____ cash check # _____

RULES & REGULATIONS

1. The Rec Services Indoor Biathlon will take place Sunday, March 25th from 8:30 am - 12:00 noon.
2. Check-in will begin at 8:00 am.
3. Participants must be at least 12 years of age to complete both sections. Children 10 and up may partner with an adult and each person will complete one event.
4. Race will be held inside the Mackal-Keaney-Tootell Complex and includes:
 - a. Swim: 500 yards (equivalent to 10 laps)
 - b. Run: 5K (25 times around the Mackal Indoor Track)

I have read and understand the rules and regulations for participation in the Rec Services Indoor Biathlon at the Mackal-Keaney-Tootell Complex and will abide by all stipulations.

WAIVER

I desire to voluntarily engage in the health and fitness programs at the **University of Rhode Island Mackal-Keaney-Tootell Complex** and understand that participation in athletics and recreation involves the risk of personal discomfort and injury which may include muscle soreness, strains and sprains, as well as cardiovascular problems; potentially even heart attack and permanent disability. I agree that my use of equipment, facilities and premises of the University of Rhode Island while participating in athletic and recreation activities constitutes acceptance of that risk regardless of the nature of the injury. I agree that the University of Rhode Island, Board of Governors for Higher Education, their Agents, Employees and the State of Rhode Island shall not be liable for any injury, loss, or damage suffered or sustained by me while participating in athletic or recreation activities at the University. **I understand that the rules and regulations of the Mackal-Keaney-Tootell Complex are designed for the safety and protection of participants and I hereby agree to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation. I consent to participate acknowledging the foregoing risks.**

I hereby acknowledge that I have read and understand the above stated waiver.

SIGNATURE

DATE

Legal Guardian (if under 18, Legal Guardian signature required)

DATE