



ATF Legion Triathlon Training Camp

March 26-28, 2021

REGISTRATION FORM

PRICING

All-Inclusive Rate (includes full camp, lodging at Somerset Getaways, meals):

- \$375 if coached by an ATF Legion coach (Amanda Foland, Heather Raymond, Kirsten Sass, Nick Matthews)
- \$400 if registered by 12/31/2020
- \$450 if registered after 12/31/2020
- \$600 "couples rate" (shared bed) if registered by 12/31/2020
- \$650 "couples rate" if registered after 12/31/2020

Day Rate (no lodging):

- \$100

Family Rate (lodging, meals included)

- \$100 spouse
- \$100 per child (childcare provided)

Checks payable to:

Above The Fold Events

*Cash & Venmo is accepted as well

Mail registration and payment to:

Above The Fold Events

155 Carphilly Circle

Franklin, TN 37069

Questions? Email or call Joe at joe@abovethefoldevents.com or 615-509-4498

REGISTRATION FORM – 2021 ATF Legion Triathlon Training Camp (March 26-28, 2021)

Check all boxes that apply:

- | | | | |
|--------------------------------|-----------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> \$375 | All-Inclusive (coached) | <input type="checkbox"/> \$400 | All-Inclusive (before 12/31) |
| <input type="checkbox"/> \$450 | All-Inclusive (after 12/31) | <input type="checkbox"/> \$600 | Couples rate (before 12/31) |
| <input type="checkbox"/> \$650 | Couples rate (after 12/31) | <input type="checkbox"/> \$100 | Day Rate |
| <input type="checkbox"/> \$100 | Spouse rate | <input type="checkbox"/> \$100 | Child rate (per child) |

TOTAL DUE: \$ _____

Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Birth date: _____

Gender: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

WAIVER/RELEASE: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, Above The Fold Events & Sport Promotions, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that participating in a triathlon training camp is a potentially hazardous activity. I should not enter and participate unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in participating in a triathlon camp. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any event organizer relative to my ability to safely complete the camp. I certify as a material condition to my being permitted to enter this camp that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature of participant: _____ **Date:** _____