

* = required field

LAST NAME*

FIRST NAME*

BIRTHDATE* / / AGE* SEX*

ADDRESS*

ADDRESS (line 2)

CITY* STATE*

POSTAL CODE* - COUNTRY

PHONE / DAY* - -

PHONE / NIGHT

EMAIL

T-SHIRT* Shirts (unisex) for Runnin' O' the Green and Padden Triathlon only.

TEAMS: Please complete a separate form for each team member

Competitor's Agreement

I will:

- Adhere to race specific rules (drafting, headphones, etc.).
- Respect the rights of others to use public spaces.
- Respect my fellow competitors.
- Be responsible for my own equipment.
- Be respectful of others using parks and obey park rules.
- Obey all local rules and regulations.
- Dispose of waste appropriately.
- Inform an official if withdrawing from an event.
- Keep my pets off the course during competition.
- Strive to be a positive ambassador for my sport.
- Be respectful to event staff and volunteers.
- Grant my permission to the City of Bellingham and its sponsors to use photographs, motion pictures, personal data, recordings, or any other record of this event for legitimate purposes.

I realize I am competing at my own risk and have read and will follow the above expectations allowing for my own safety and that of others.

Events and Payment Method

Events See Opposite side for entry fees

3/14	Runnin' O' the Green ----- \$ _____
	<input type="checkbox"/> 5K <input type="checkbox"/> 12 and under
	<input type="checkbox"/> 8K
6/27	Padden Triathlon ----- \$ _____
	<input type="checkbox"/> Long Course <input type="checkbox"/> Check for Relay (+\$10)
	<input type="checkbox"/> Short Course
8/2	Youth Triathlon ----- \$ _____
	<input type="checkbox"/> Division 1 <input type="checkbox"/> Division 3
	<input type="checkbox"/> Division 2 <input type="checkbox"/> Check for Relay (+\$5)
6/8- 8/24	All-Comer's Track & Field ----- \$ _____
	<input type="checkbox"/> Individual
	<input type="checkbox"/> Family

Total Payment \$ _____

Payment

- Check (payable to BP&R)
- Cash (walk-in only)
- Credit Card (on-line: cob.org/races)
- Credit Card (walk-in only)

Credit cards may be used on-line (cob.org/ezreg) or in person with a completed registration form. Phone registrations for these events are not accepted.



Refund Policy

These programs are not eligible for refund or transfer. With documentation, participants may apply for an exception in the event of death, disability or deployment.

Participants must sign the following prior to competition.

I/We realize no insurance coverage is provided for the participants, will assume financial responsibility for any costs relating to any accident/injury that may occur while participating in the above named program. Furthermore, I will not hold the City of Bellingham, employees, volunteers, or anyone otherwise involved in named programs responsible for any accident/injury that may occur. I have read and agree with the Competitor's Agreement.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT.

PRINT NAME _____ SIGNATURE _____ DATE _____
Competitor

PRINT NAME _____ SIGNATURE _____ DATE _____
Parent/Legal Guardian (if < 18 years old)

Bellingham Parks & Recreation
210 Lottie Street
Bellingham, WA 98225
(360) 778-7000
Lromo@cob.org
cob.org/races