



COVENANT POINT TRIATHLON AND FITNESS WALK

Competitor/Team RACE Registration Form

Name _____ Shirt Size _____

Address _____ City _____ St. _____ Zip _____

Phone _____ Email _____

Participating in (circle) **Sprint (half)** **Full Triathlon** **Team** **Fitness Walk**

Team Name _____ Team Members _____

Emergency Contact Person _____ Phone _____

I recognize there is an element of risk in outdoor sports or activities. Understanding the risks, dangers, and rigors involved in Covenant Point Triathlons, I certify that I am fully capable of participating in this event. I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signed _____ Date _____



Covenant Point Triathlon HOUSING Registration

List the names and ages of those who will be coming with you as non-participants.



Please indicate housing and meal needs which includes any non participating guests who will be accompanying you.

Competitor: (no cost)

Lodging + Saturday dinner, Sunday b-fast and lunch _____
Sunday b-fast and lunch _____
Sunday lunch _____

Non Participant Adult: (indicate by number)

Lodging + Saturday dinner, Sunday b-fast and lunch _____ (\$30 per person)
Sunday b-fast and lunch _____ (\$20 per person)
Sunday lunch _____ (\$12 per person)

Non Participant Child, age 12—17: (indicate by number)

Lodging + Saturday dinner, Sunday b-fast and lunch _____ (\$30 per person)
Sunday b-fast and lunch _____ (\$20 per person)
Sunday lunch _____ (\$12 per person)

Non Participant Child, age 5—11: (indicate by number)

Lodging + Saturday dinner, Sunday b-fast and lunch _____ (\$15 per person)
Sunday b-fast and lunch _____ (\$10 per person)
Sunday lunch _____ (\$ 6 per person)

Note any dietary restrictions for any of the above:

Please return to Covenant Point Bible Camp, 358 W. Hagerman Lk. Rd. Iron River, MI 49935

