



DUNN DASH INDOOR TRIATHLON

SWIM • BIKE • RUN

Dunn Dash Indoor Triathlon

Saturday March 3, 2018 at 7:30 a.m.

Registration \$5 for members or \$15 for non-members. All Proceeds will go to the J. Michael Dunn Fund for Student Professional Development

Open to students and Recreational Sport members.

INFORMATION

Name: _____ Gender: _____

Age: _____ Student/Employee ID Number: _____

Ohio State E-Mail Address: _____ Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Rank Heat Start Time Range Preference (Circle one): a. 8 - 10 a.m. b. 10 a.m. - 12 p.m.

You must check-in 30 minutes prior to your start time.

Request for Triathlon Partner: _____

We will try our best as a staff to accommodate your respective partner requests. Please be understanding that we may not be able to partner everyone together.

Completed Registration Forms should be turned in to the RPAC Welcome Center by March 1, 2018, with entry fee.
The triathlon capacity is 110 participants.

The Ohio State University RELEASE OF ALL CLAIMS

The Ohio State University recognized participation in the Intramural Sports Program as a proper extracurricular educational activity. Because this activity may require physical activity with risk of personal injury or damage to property, it is the policy of University to require participants to execute this Release Form.

As a condition of participation in this activity, I agree to the following:

1. In consideration of being granted the opportunity to participate in this activity, I do hereby release and forever discharge all officers, fellow students, employees, and all faculty members, employees, and agents of The Ohio State University who arranged, advised, or supervised the scheduling, travel, or any other function of this activity for myself and my heirs, executors, administrators and assigns from all claims, demands, actions, and causes of action for personal injury or any other damages now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.
2. I do hereby also agree to acquire or maintain in force a policy or policies of health and accident insurance during a period of my participation in the above-described activity. Such insurance shall be through an insurance company authorized and licensed to do business in the State of Ohio and shall provide similar coverage to that coverage obtainable by students through the University.

I HAVE READ AND DO FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS. I HEREBY WARRANT THAT I AM ELIGIBLE FOR INTRAMURAL SPORTS THE OHIO STATE UNIVERSITY AND AM AT LEAST 18 YEARS OF AGE OR IF UNDER THE AGE OF 18, I HAVE INFORMED MY PARENTS OF THE ABOVE CONDITIONS.

Signature: _____

Date: _____



THE OHIO STATE UNIVERSITY

OFFICE OF STUDENT LIFE
RECREATIONAL SPORTS