

# BAMBINO BIATHLON



**Saturday, June 10 at 10:00am Sharp**

**1/4 Mile Run, 2 Mile Bike, 1/4 Mile Run**

Race starts and finishes at Harry Bowen Park  
141 Main Street Port Republic, NJ

**AWARDS: TOP 3: Overall boy and girl**  
**TOP 3: In each age group: 5-6, 7-8, 9-10, 11-12**



**\$20 - ALL INDIVIDUAL ENTRIES**  
**NO RACE DAY SIGN-UPS**

T-shirts to all participants. Post-race refreshments served.

For more info or to register visit our website

**[www.JerseyGenesisTriathlon.com](http://www.JerseyGenesisTriathlon.com)**

or contact Bill Smallwood: 609-652-6154, e-mail: JerseyGenesisTri@aol.com

**Make checks payable to: Port Republic Athletic Fund, Inc. P.O. Box 86 Port Republic, New Jersey 08241**

FIRST NAME ..... LAST NAME..... AGE .....

ADDRESS ..... SEX .....

CITY.....STATE .....ZIP.....DOB ...../...../.....

PHONE ..... E-MAIL .....

**T-SHIRT SIZE:**

- |                                  |                                  |                                   |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Youth M | <input type="checkbox"/> Adult S | <input type="checkbox"/> Adult L  |
| <input type="checkbox"/> Youth L | <input type="checkbox"/> Adult M | <input type="checkbox"/> Adult XL |

PLEASE READ CAREFULLY BEFORE SIGNING. IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY IN THE JERSEY GENESIS TRIATHLON, I, MY HEIRS, EXECUTORS AND ADMINISTRATORS HEREBY DISCHARGE THE PORT REPUBLIC ATHLETIC FUND, DQ EVENTS, THE PORT REPUBLIC VOLUNTEER FIRE COMPANY, THE CITIES OF PORT REPUBLIC AND EGG HARBOR, THE TOWNSHIP OF GALLOWAY, ALL SPONSERS AND PRODUCERS OF THIS EVENT, THEIR AGENTS, OFFICERS, EMPLOYEES, VOLUNTEERS, EVENT DIRECTORS AND EVENT HOLDERS AND ANYONE ASSOCIATED IN ANY WAY WITH THE EVENT, FROM ALL LIABILITIES, ACTIONS, CLAIMS, DEMANDS, DAMAGES, COSTS AND EXPENSES WHICH I MAY NOW OR IN THE FUTURE HAVE AGAINST THEM ARISING OUT OF MY PARTICIPATION IN THE ABOVE MENTIONED EVENT, INCLUDING BUT NOT LIMITED TO ALL INJURIES THAT MAY BE SUFFERED BY ME. I ATTEST AND VERIFY THAT TO THE BEST OF MY KNOWLEDGE, MY PHYSICAL CONDITION AND FITNESS ARE ADEQUATE FOR ME TO SAFELY COMPETE IN THE TRIATHLON. I CERTIFY THAT I HAVE READ THIS DOCUMENT.

SIGNATURE..... DATE .....

PARENT OR GUARDIAN IF UNDER 18