

MIDNIGHT MAN TRIATHLON



15th/16th August 2015

Full 3.8k swim/180k bike/42.2k run

Half 1.9k swim/90k bike/21.1k run

Quarter 950m swim/45k bike/10.55k run

Aqua Bike 3.8k swim/180k bike

Thank you for entering the Full and Half distance Midnight Man Triathlon. If you are entering a team can you all fill in one form each and send them together. Please print clearly

Name.....Date of birth.....Age.....

Address.....

Postcode.....Country.....Male/Female.....

E-mail address.....

Contact number.....Team Name.....

Club Name.....BTF No.....

Emergency contact name (Person cannot be racing).....

Emergency contact number.....

Doctor's name and address.....

Have you been treated for any significant medical conditions in the last 12 months?
(If yes, please provide further details).....

Are you a carrier of Hepatitis B, HIV or any other infectious disease?
(If yes, please provide further details).....

Have you previously required medical treatment following or during an endurance event?:
(If yes, please provide further details).....

Do you wear prescription eye wear.....

T-Shirt size. S M L XL

All Finishers will receive a Finishers Technical t-shirt, medal and FREE Photos

No price increases for this year's race for the 4th year

Bank Transfer details sort code 60-24-77 AC No 18979734

Or make your cheque for £90 btf or £95 none BTF half / £160 full btf or £165 none btf (£180 for a team) Quarter £55 btf /58 non btf. Aqua Bike £90 btf and £95 non btf. Made payable to Bridge Triathlon Dartford and send it to Midnight Man Triathlon 41 Bruadton Ave, Sidcup, Kent, DA158EN

We will then add you to the start list and send you a confirmation e-mail.

www.bridgetriathlon.co.uk

Terms and Conditions

I understand and agree that I participate in the event entirely at my own risk and that no responsibility whatsoever shall attach to any event sponsors, race directors, or any person involved in the organisation of the event for any injury, accidents, loss or damage suffered by me in, or by reason of the event, however such may be caused. I am healthy and am fit enough to complete this event.

I am aware of the physically strenuous nature of this event, the risks both medically and physically.

I confirm I am healthy and fit (physically and medically) enough to complete this event. I accept that should any medical or physical condition arise prior to the event which is likely to affect my ability to compete will be reason to withdraw in accordance with these conditions.

I agree to abide by the conditions of membership and rules of competition of the BTF, details of which are published on www.britishtriathlon.org.

If I am not a member of the BTF I apply for a BTF day membership and agree to details of my name, address and date of birth being forwarded to the BTF for the purposes of registering me for civil liability and personal accident insurance cover during the event.

I also agree to the personal information entered on this entry form being stored in a computer and used for the processing and publication of race results.

In the event of losing part of the course that is out of our control we will hold an alternative event.

I understand that the withdrawal/refund policy is as follows:

- Until April 15th 2015 50% refund
- Until June 15th 2015 25% refund
- After June 15th 2015 there is no refund. This policy is not dependant on circumstances and is final.

Any refunds will be made after the deduction of the charges made by the credit card companies that are non-refundable.

I have read and understood the above