

TRIPLE CHALLENGE Registration Form



A Unique Triathlon!

5K Run 32K Bike 18 Holes of Golf

Net Proceeds benefit Central DuPage Hospital's Cancer and Critical Care Treatment Assistance Fund

T-shirt size and availability on a first come basis at the time T-shirts are distributed. This is an age 21 and over event.

2/3 Person Team Registration: Circle One of the Following Co-Ed Team Male Team Female Team 3 Person (see restrictions)

Name of Entrant	Date of Birth	Age Day of Race	Address / Phone Number	Male / Female	Shirt Size – S, M, L, XL

Individual Format Registration

Name of Entrant	Date of Birth	Age Day of Race	Address / Phone Number	Male / Female	Shirt Size – S, M, L, XL

*Run Only, Bike Only, or Run and Bike Only (No Golf) _____ # of Applicants x \$50.00 = _____ Total, \$50.00 entry fee includes an event tee shirt. No dinner or lunch included.

*Golf Only, (No run or bike) _____ # of Applicants x \$30.00 entry fee = _____ Total, plus participant pays required fee at the course. Click link below for fees at course including fees for cart. (http://www.villagelinksgolf.com/hours_fees.cfm). Includes an event tee shirt. No dinner or lunch included.

*True Triple Challenge _____ # of Applicants x \$150.00 with dinner or \$125.00 without dinner = _____ Total, \$150.00 includes golf (with a cart or without a cart - your choice) and dinner (no lunch) at the Clubhouse (dinner not to exceed \$25.00), or \$125.00 without dinner. Includes an event tee shirt.

*3 Person Team Format Only _____ # of Applicants x \$85.00 = _____ Total, \$85.00 each participant completes only 1 event. Price includes includes golf (with a cart or without a cart - your choice) for 1 participant and dinner (no lunch) at the Clubhouse for all 3 participants (dinner not to exceed \$25.00 for each participant). Includes an event tee shirt for all 3 participants.

Make checks payable to:

*Triple Challenge – Mail application and check to Triple Challenge, P.O. Box 63, Glen Ellyn, IL 60138-0063

* See website www.ekstromcutter.com/triplechallenge.htm for additional details regarding separate donations that may be tax deductible.

WAIVER AND RELEASE

In consideration for being allowed to participate in the Triple Challenge (“the event”), and recognizing that there are certain risks of physical injury related to such participation, I hereby voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, and I further agree to waive, covenant not to sue, release and hold harmless Todd and Anna Kreissler, Central Dupage Hospital and its Affiliates, including the Central Dupage Health Foundation, Village Links Golf Course, The Village of Wheaton and Glen Ellyn, Dupage County, their officers, directors, representatives, staff, volunteers, agents, sponsors, employees and members from any and all injuries, damages and claims I may suffer or incur as the result of participating in the event. There shall be no refund if the event is cancelled due to any cause. Each participant agrees to the use of any photos taken of them during their participation in the event and the posting of their name on the website associated with this event.

Signature – Participant 1

Printed Name

Email Address / Phone Number

Signature - Participant 2

Printed Name

Email Address / Phone Number

Signature - Participant 2

Printed Name

Email Address / Phone Number

Please send completed forms to:

Triple Challenge

P.O. Box 63

Glen Ellyn, IL 60138-0063

Make entry checks payable to Triple Challenge. See website www.ekstromcutter.com/triplechallenge.htm for additional details regarding separate donations that may be tax deductible.