

**RACE NO :**



**DAY PASS**  
TRIATHLON DU CHATEAU DE CHANTILLY – 24 & 25 AUGUST 2019



**PERSONAL INFORMATION**

NAME: ..... SURNAME: ..... GENDER : M/F  
ADDRESS : .....  
..... DATE OF BIRTH:  
TELEPHONE : ..... EMAIL : .....

Race Type :

Child / Junior	<input type="checkbox"/>		
Starter Sprint - 200m	<input type="checkbox"/>	INDIVIDUAL ENTRY	<input type="checkbox"/>
Super Sprint - 400m	<input type="checkbox"/>		
Sprint Plus - 800m	<input type="checkbox"/>		
Olympic - 1500m	<input type="checkbox"/>	RELAY ENTRY	<input type="checkbox"/>
Half Iron - 1900m	<input type="checkbox"/>		
Multi-Distance	<input type="checkbox"/>		

**INSURANCE TERMS AND CONDITIONS AND NEWSLETTER**

**INSURANCE**

The undersigned is hereby informed:

- That he or she benefits from, for the duration of this event, the guarantees foreseen in the insurance contract for Civil Responsibility, underwritten by the F.F TRI with ALLIANZ.
- That the Day Pass does not include any form of Personal Insurance
- That he or she should consider taking out insurance of his or her own choice, covering such risks that he or she might be exposed to whilst taking part in such an event.
- That his or her bike is not covered by any form of insurance. Any material damage that he, she or their child might cause to his or her bike, or to that of a third party are not covered by the federal civil responsibility insurance.
- That any damage caused by third parties to his, her or their child's bike is not covered by the federal civil responsibility insurance.

**NEWSLETTER**

I agree to receive information by email or by post from the F F TRI, and / or offers from selected commercial partners of the F F TRI.

YES ..... NO .....

**TERMS & CONDITIONS**

By signing this document I hereby certify that I have seen the Castle Triathlon Series Terms and Conditions and Rules of the event, and I agree to abide by them.

**SIGNATURE OF PARTICIPANT:**.....

Castle Triathlon Series, Tel : +441892870681  
EMAIL : admin@triathlonchantilly.fr

