Shree Ram Sea Swimming Club Triathlon-2025

Participant Name:		D.O.B
Participating Events:		<i></i>
Perr	mission letter of participa	nt against risk
responsibility. During com organizers will no be responderstood all rules and re	petition, in case of any da onsible. I will be wholly re egulation of competition.	ne competition, on my own risk and image, accident, injury or death, the esponsible for that. I have read and If I fail to follow them during or after sen by organizers and will not argue
Place:	Sign of Participant:	
Date:	Name of Participant :	
Permiss	sion letter of Father / Gua	ardian for Minors
Ι,		
address		
to	participate in the "Tria	my son/daughter/ward athlon-2025". We know that this ers will not be responsible for any
accident, injury or deat competition.	h, if at all happens	to my son/daughter/ward during
Place :	Sign of Guar	dian:
Date :	Name of father / guardian	
	Doctor's fitness Cert	tificate
1)Name of Participant		
2)Blood Group :	3) Height (cms) :	4) Weight (kg):
5) Any heart or lung diseas	e? yes / no	
6) Any major diseases?	yes / no	
Doctors Opinion: It is here by certified that N	Mr./ Mrs	
Is physically fit to participa	te in Triathlon event. His/	Her lungs and heart are capable of
taking extra stress of Swim	iming long distances.	
Date :	Seal & Signature of Doctor	
Place :		

(This document needs to be presented at the time of reporting on $\mathbf{3}^{\text{rd}}$ January.)