Shree Ram Sea Swimming Club Triathlon-2026

Participant Name:		D.O.B
Participating Events:		
Permissi	ion letter of particip	ant against risk
responsibility. During competit organizers will no be responsil understood all rules and regula	tion, in case of any d ble. I will be wholly ation of competition.	the competition, on my own risk and lamage, accident, injury or death, the responsible for that. I have read and If I fail to follow them during or after aken by organizers and will not argue
Place:	Sign of Participant:	
Date:	Name of Participant :	
Permission	letter of Father / Gu	uardian for Minors
l,		
address		
City to par	declare that ticipate in the "Tr	my son/daughter/ward riathlon-2026". We know that this izers will not be responsible for any
accident, injury or death, it competition.	f at all happens	to my son/daughter/ward durin្
Place :	Sign of Gua	ardian:
Date :	Name of father /	guardian
De	octor's fitness Ce	rtificate
1)Name of Participant		
2)Blood Group :3)	Height (cms) :	4) Weight (kg):
5) Any heart or lung disease?	yes / no	
6) Any major diseases?	yes / no	
Doctors Opinion: It is here by certified that Mr./	Mrs	
Is physically fit to participate in	Triathlon event. His	/Her lungs and heart are capable of
taking extra stress of Swimmin	g long distances.	
Date :	Seal & Signature of Doctor	
Place :		

(This document needs to be presented at the time of reporting on $\mathbf{1}^{\text{st}}$ January.)