

Request for Letter of Indemnity

TRIATHLON CLUB	
NAME OF PERSON LODGING THIS REQUEST	
CLUB ADDRESS	
DAYTIME PHONE NO.	
NAME OF EVENT	
DATE & TIME OF EVENT <small>*dates and times must be specified</small>	
VENUE	
THIRD PARTY/ ORGANISATION TO BE INDEMNIFIED (I.E. TO BE INCLUDED IN TRIATHLON IRELANDS POLICY) <small>Please include all addresses of venues or land</small>	
CLUB SIGNATORY:	

PLEASE NOTE: THIS FORM MUST BE RECEIVED IN THE OFFICE AT LEAST 10 DAYS BEFORE THE DATE OF THE EVENT.