

SPRINT TRIATHLON AT VISTANCIA

PERSONAL INFORMATION

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Age _____ Date of Birth _____/_____/_____

Email Address _____ Phone Number _____

T-Shirt Size S M L XL XXL (+\$2.50) Youth L Youth M Youth Small

RACE

Adult _____ Age Group _____ Clydesdale _____ Athena _____

Kid's _____

Relay _____

RELAY INFORMATION

Team Name _____

Swimmer _____

Cyclist _____

Runner _____

ESTIMATED 300yd SWIM TIME

_____ : _____ (m:s)

FEES	Before 1/31	Before 3/12	Before 3/25
Triathlon	\$65	\$75	\$85
Kid's	\$35	\$45	\$55
Relay	\$75	\$100	\$125
Total Enclosed _____			

Make checks payable to **4 PEAKS RACING** and remit to:

4 PEAKS RACING

PO Box 74545

Phoenix AZ 85087

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation Sprint Triathlon at Vistancia, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

PRINT NAME _____ DATE _____

SIGNATURE (Guardian to sign if under 18) _____