

# ANTHEM SPRINT TRIATHLON

## 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 S Youth M Youth L

## RACE

Adult Triathlon \_\_\_\_\_

Kid's Triathlon \_\_\_\_\_

Relay \_\_\_\_\_

## CATEGORY

Age Group \_\_\_\_\_

Clydesdale \_\_\_\_\_

Athena \_\_\_\_\_

## RELAY INFORMATION

Team Name \_\_\_\_\_

Swimmer \_\_\_\_\_

Cyclist \_\_\_\_\_

Runner \_\_\_\_\_

## FEES

	<i>Before 6/30</i>	<i>Before 8/13</i>	<i>Before 8/25</i>
Adult Triathlon	\$69	\$79	\$89
Kid's Triathlon	\$39	\$49	\$59
Relay		\$100	\$125

Please 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 Anthem Sprint Triathlon, 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) \_\_\_\_\_