

XTERRA Rock Hopper Triathlon

PERSONAL INFORMATION

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Age _____ Date of Birth _____/_____/_____ USAT # _____

Email Address _____ Phone Number _____

USAT Number _____

Small Medium Large Extra Large XX-Large (+\$2.50 for XXL)

RACE

Please circle Age Group Clydesdale Athena Challenged Athlete

FEES	<i>Before 8/31</i>	<i>Before 10/1</i>	<i>Before 10/14</i>
Individual	\$75	\$85	\$95
Relay		\$100	\$125

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 XTERRA Rock Hopper 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) _____