

2011 Firethorne Triathlon INDIVIDUAL ENTRY FORM

Please print clearly. DO NOT send USA Triathlon fee with entry form.

Entry form must be complete with correct fee and signature to be accepted.

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Sex: _____ Male _____ Female Age as of 12/31/2011 _____ **USAT Number** _____

T-shirt Size: _____ Medium _____ Large _____ X Large _____ XX Large

Division: _____ Age Group _____ Invitational _____ Collegiate _____ Clydesdale _____ Athena

Triathlon Club Name _____

RELAY ENTRY FORM

Team Name _____	Entry Fee	
	Individual	Relays
3-Person Relays: Male Female Mixed or the 2 Person Relay	\$55	\$ 75 thru August 19 th
Team Captain _____ T-shirt: M L XL XXL	\$60	\$ 85 Aug 20 th - Oct 7 th
Teammate _____ T-shirt: M L XL XXL	\$70	\$ 95 Oct 8 th - 25 th
Teammate _____ T-shirt: M L XL XXL	\$80	\$100 packet pickup space available

➔ **Entry Fee amount enclosed** _____ *Make check payable to Katy Rotary Club*

WAVIER RELEASE FORM

All athletes must read and sign. Please read carefully before signing this acknowledgment.

I acknowledge that triathlon is an extreme test a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE KATY TRIATHLON AT FIRETHORNE. I hereby certify that I'm capable of completing all three segments (swim, bike, run) and that I'm physically fit and that I've sufficiently trained for this event. I agree to abide by the Competitive Rules adopted by USA Triathlon. I hereby discharge from any and all claims or liabilities for death, personal injury, property damage, or theft which may arise out of participation in this event. I agree not to sue and to hold harmless any persons, sponsors, volunteers, participants or USA Triathlon for any and all claims or liabilities that I've waived, released, or discharged herein. Participants 18 years of age or younger must have wavier signed by a parent or guardian.

Signature _____ Date _____

Parent/Guardian _____ Date _____

I hereby authorize medical treatment for any and all injuries sustained during this event. I understand and take full risk on behalf of myself and said minor.

**ABSOLUTELY NO REFUNDS WILL BE ISSUED.
ENTRIES ARE NOT TRANSFERABLE OR EXCHANGEABLE.**

Mail to:
Katy Triathlon at Firethorne
c/o Katy Rotary Fund
P.O. Box 70
Katy, TX 77492