

201) 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 12/31/2015 _____ Date of Birth _____

Email address _____ **USAT Number** _____

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

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

Triathlon Club Name _____

RELAY ENTRY FORM

Team Name _____

3-Person Relays: Male Female Mixed or the 2 Person Relay

Team Captain _____ T-shirt*: S M L XL XXL

Teammate _____ T-shirt*: S M L XL XXL

Teammate _____ T-shirt*: S M L XL XXL

Entry Fee

Individual	Relays
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\$80	\$ 90 (Early Bird) thru Sept. 13
\$85	\$ 100 Sept 14 - Sept 22
\$95	\$ 105 packet pickup (space available)

*Note on T-shirts

Mind that our T-shirts run a little big. Please choose accordingly.

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

WAIVER RELEASE FORM

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

I acknowledge that triathlon is an extreme test of 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 waiver 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 or 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