Official Entry Form Bucket List Triathlon Nimbus Flat-Lake Natoma, Folsom, CA

Please complete the following pers				
Last Name:				
First Name:	•			
Gender: Male Fem	iale	Phone:		
Date of Birth:				
Race Day Age:	Tea	nm/Club:		
Please complete the following regis	stration informa			
Category: Division:		Relay Team Name	2:	
Triathlon Age-Group	Athena/Clydesda	ale		
Relay Male Fema	le Co-Ed			
Prices:				
Category:	Until Dec 1	Until Race Day	On Race Day:	
Bucket List Sprint Triathlon	\$65	\$70	\$80	
Bucket List Super Sprint Triathlon	\$60	\$65	\$75	
Relay Team Sprint Triathlon	□ \$90	\$110	\$120	
Please send completed form and cl Total Body Fitness Make checks 5209 Blaze CT. TOTAL BOD Rocklin, Ca 95677 Total Amoun	payable to:			
TBF Racing Refund Policy: TBF Racing has a NO REFUND POLICY on all of o end of the calendar year, for the amount of the entry for the entry fo	ur events. A refund reque- fee minus a \$25 processing	sted prior to the Monday precedi g fee. CREDITS WILL NOT BE	ng the race will be given a TBF Racing Cre ISSUED DURING RACE WEEK.	edit, set to expire at the
The following TBF Racing Release. ALL ATHLETES MUST READ CAREFULLY BEF myself, my heirs, executors and administrators forever personal injuries to me or wrongful death, against TO others negligence or other fault of the parties or personal, or by their liability without default. I AM AWAI ANY RIGHT TO SUE OR MAKE CLAIM AGAINS WHAT OR HOW EXTENSIVE THOSE INJURIES have read and fully agree to the above.	FORE SIGNING WAIVELE WAIVE, release and give DTAL BODY FITNESS, a DONE I am hereby releasing BRE OF ANY POTENTIALS THE PARTIES I AM I	R AND RELEASE FROM LIAB up any claims, demands, liability and all sponsors, subcontractors a by the dangerous condition of an L HAZARDS AND I FULLY URELEASING IF I SUFFER SUC	ILITY. In consideration of my entry and of a damages, costs and expenses of any kind with a volunteers which may rise caused in why property or equipment owned, maintained NDERSTAND THAT I AM FOREVER GIH INJURIES OR DAMAGES EVEN THO	whatsoever, including ole or in part by my or d or controlled by them IVING UP IN ADVANCOUGH I DO NOT KNOV
Signature (Parent/Guardian if Under 18):			Date:	