## Official Entry Form Father's Day Triathlon Discovery Park, Sacramento, CA

Please complete the following pers  Last Name:	Street A	Address:	
First Name:		tate ZIP:	
Gender: $\square$ Male $\square$ Fem	emale Phone:		
Date of Birth:		Email:	
Race Day Age:	Tea	m/Club:	
Please complete the following register Category: Division:  Triathlon Age-Group  Relay Male Fema	Athena/Clydesda	Relay Team Name	e:
Prices:			
Category:	Until Dec 1	Until Race Day	On Race Day:
Father's Day Triathlon	\$65	\$75	\$90
18 & under Triathlon	□ <sub>\$55</sub>	\$65	\$80 please circle choice
Relay Team Triathlon	\$90	\$110	\$120 please circle choice
TBF Racing Refund Policy: TBF Racing has a NO REFUND POLICY on all of o	payable to: DY FITNESS t Enclosed: \$ our events. A refund reques	sted prior to the Monday precedi	ng the race will be given a TBF Racing Credit, set to expire at the
The following TBF Racing Release.  ALL ATHLETES MUST READ CAREFULLY BEF myself, my heirs, executors and administrators forewe personal injuries to me or wrongful death, against TC 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 AGAINST	Tee minus a \$25 processing the case Waiver must only the solution of the control	st be signed by all parts and relations and relations are signed by all parts and relations and relations are supported by the dangerous condition of any L HAZARDS AND I FULLY URELEASING IF I SUFFER SUC	ISSUED DURING RACE WEEK.
Signature (Parent/Guardian if Under 18):			Date: