

**Official Entry Form  
Sacramento International Triathlon  
Discovery Park, Sacramento, CA**

**Please complete the following personal information:**

Last Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 First Name: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_  
 Gender:  Male  Female Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Race Day Age: \_\_\_\_\_ Team/Club: \_\_\_\_\_

**Please complete the following registration information:**

Category: \_\_\_\_\_ Division: \_\_\_\_\_ Relay Team Name: \_\_\_\_\_  
 Triathlon  Age-Group  Athena/Clydesdale  Aquabike  
 Relay  Male  Female  Co-Ed

USAT Membership is required. The cost is \$12 for a one-day membership.

I do not have a USAT# and would like to sign up for a  one-day membership.  
 I do have a USAT#: \_\_\_\_\_

**Prices:**

Category:	Until Dec 1	Until Race Day	On Race Day:
Sacramento Int'l Triathlon	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$110
Athletes 19 and under	<input type="checkbox"/> \$70	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100
Relay Teams	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
Aquabike	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70	<input type="checkbox"/> \$80

**Please send completed form and check to:**

Total Body Fitness Make checks payable to:  
 5209 Blaze CT. TOTAL BODY FITNESS  
 Rocklin, Ca 95677 Total Amount Enclosed: \$ \_\_\_\_\_

**TBF Racing Refund Policy:**

TBF Racing has a NO REFUND POLICY on all of our events. A refund requested prior to the Monday preceding the race will be given a TBF Racing Credit, set to expire at the end of the calendar year, for the amount of the entry fee minus a \$25 processing fee. CREDITS WILL NOT BE ISSUED DURING RACE WEEK.

**The following TBF Racing Release Waiver must be signed by all participants:**

ALL ATHLETES MUST READ CAREFULLY BEFORE SIGNING WAIVER AND RELEASE FROM LIABILITY. In consideration of my entry and of my own free will, I for myself, my heirs, executors and administrators forever waive, release and give up any claims, demands, liability damages, costs and expenses of any kind whatsoever, including personal injuries to me or wrongful death, against TOTAL BODY FITNESS, and all sponsors, subcontractors and volunteers which may rise caused in whole or in part by my or others negligence or other fault of the parties or persons I am hereby releasing by the dangerous condition of any property or equipment owned, maintained or controlled by them and, or by their liability without default. I AM AWARE OF ANY POTENTIAL HAZARDS AND I FULLY UNDERSTAND THAT I AM FOREVER GIVING UP IN ADVANCE ANY RIGHT TO SUE OR MAKE CLAIM AGAINST THE PARTIES I AM RELEASING IF I SUFFER SUCH INJURIES OR DAMAGES EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES OR DAMAGES MIGHT BE AND AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES AND DAMAGE. I have read and fully agree to the above.

Signature (Parent/Guardian if Under 18): \_\_\_\_\_ Date: \_\_\_\_\_