Official Entry Form **2024 MTB Challenge**Folsom Lake SRA - Granite Bay, CA



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 Category - Individual Junior Novice HS Novice Clydesdale	Sport HS Տր	port SS Spor		·
HS Expert SS Expert e-Bike Age Group	29 & Under	30-39 40-4	9 50-59	60+
Prices	Before Dec 1	After Dec. 1	Race Day	
MTB Challenge - Adults/HS	\$50	\$55	\$60	
MTB Challenge - Juniors 14 & Under	\$40	\$45	\$50	
Please send completed form and check to:				
Total Body Fitness Make checks payable to: 5209 Blaze Ct. TOTAL BODY FITNESS				

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 (Pa	rent/Guardian if Under 18)	Date
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