Official Entry Form 2025 Folsom Swim/Run Black Miners Bar, Folsom, CA



Personal Informa	tion						
Last Name			Street Address				
First Name			City			State	ZIP
Gender Male Female			Phone				
Date of Birth			Email				
Race Day Age			Team/Club				
Please complete t	he following regist	ration ir	nformat	ion:			
Category	Division						
Individual Relay	19 & Under	20-29	30-39	40-49	50-59	60-69	70+
Prices							
		Until	12/1	Until 6/1	Unt	il Race Day	Race Day
Short Course Individual		\$80		\$100	\$110		\$120
Short Course Team		\$150		\$180	\$200		\$220
Long Course Individual		\$100		\$120	\$130		\$140
Long Course Team		\$1	80	\$220	\$	5240	\$260
Please send comp	leted form and che	eck to:					
Total Body Fitness 5209 Blaze Ct. Rocklin, CA 95677	Make checks payab TOTAL BODY FITN Total Amount Enclo	ESS					

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
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