## Official Entry Form 2025 Granite Bay Triathlon

Granite Bay, Folsom Lake



## **Personal Information**

Last Name		Street A	.ddress			
First Name		City		State	_ ZIP	
Gender Female		Phone				
Date of Birth		Email				
Race Day Age		Team/C	lub			
Please complete the Event  Triathlon Relay  Category  Individual Relay  Division  Male Female A	Гeam			_		
		Until Race Day	Race Day			
Granite Bay Triathlon		\$120	\$135			
Granite Bay Triathlon Re	lay Team	\$150	\$160			
Please send comple	ted form and che	ck to:				
5209 Blaze Ct.	ral Body Fitness Make checks payable to: 19 Blaze Ct. TOTAL BODY FITNESS 1-klin 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
- <b>6</b>	