Official Entry Form 2025 MTB Championship

Folsom Lake SRA - Granite Bay, CA



Personal Informa	tion							
Last Name			Street Address					
First Name			City	City		State	ZIP	
Gender Male	Female		Phone _					
Date of Birth			Email	Email				
Race Day Age			Team/Cl	Team/Club				
Please complete t Category - Individual	he following	registration	n informatio	on:				
Junior Novice	HS Novice	Clydesdale	Sport HS	Sport	SS Sport	Pro	Expert	
HS Expert SS Ex	pert e-Bike	Age Group	29 & Under	30-39	40-49	50-59	60+	
Prices			Before Dec	: 1 After I	Dec. 1 F	Race Day		
MTB Championship - Adults/HS			\$50	\$55	i	\$60		
MTB Championship - Juniors 14 & Under			\$40	\$45		\$50		
Please send comp	leted form a	nd check to	:					
Total Body Fitness 5209 Blaze Ct. Rocklin, CA 95677	TOTAL BO	ks payable to: DY FITNESS unt 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
-----------------------------------------	------