

SOLO EVENT \$30.00

Name: (please print) _____

Contact number: _____

Mailing Address: _____

City, State, Zip: _____

Email for results: _____

Age on 27 May _____ Male Female (please circle)

T-Shirt size (circle) S M L XL XXL

Release and Waiver:

I hereby for myself and heirs, administrator, waive & release any and all rights & claims for damages I may have against the sponsor & their agent for any injuries suffered by me which may result from my participation in the Powell Aquatic Center event. I attest and verify that I am physically fit to compete in and complete the events.

500 Swim Time _____

Signed: Soloist/Team 1 _____

Team member 2 _____

Team member 3 _____

Send to:

Powell Aquatic Center Triathlon
270 N Clark Street
Powell Wy 82435

TEAM EVENT \$60.00

TEAM MEMBER # 1 Circle that applies: SWIM BIKE RUN

Name: (please print) _____

Contact No: _____

Mailing Address: _____

City, State, Zip: _____

Email for results: _____

Age on 28 May: _____ Male Female (please circle)

T-Shirt size (circle) S M L XL XXL

TEAM MEMBER # 2 Circle that applies: SWIM BIKE RUN

Name: (please print) _____

Contact No: _____

Mailing Address: _____

City, State, Zip: _____

Email for results: _____

Age on 28 May: _____ Male Female (please circle)

T-Shirt size (circle) S M L XL XXL

TEAM MEMBER # 3 Circle that applies: SWIM BIKE RUN

Name: (please print) _____

Contact No: _____

Mailing Address: _____

City, State, Zip: _____

Email for results: _____

Age on 28 May: _____ Male Female (please circle)

T-Shirt size (circle) S M L XL XXL

(Entries close 21 May 2017)

