

**SOLO EVENT \$30.00**

Name: (please print) \_\_\_\_\_

Contact number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email for results: \_\_\_\_\_

Age on 26 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 26 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 26 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 20 May 2018)**

