

REGISTRATION

TRYATHLON
HILLS CREEK STATE PARK
SAT., SEPT. 17, 2011, 10 AM

REGISTRATION

RUN - APPROX. 3 MILES
PADDLE - APPROX. 2 MILES
BIKE - APPROX. 9 MILES



REGISTRATION INFO.

PRE-REGISTER BY AUG. 19

\$20/person (\$50/team); T-shirt guaranteed

Registration fees after Aug. 19 will remain the same but there is no guarantee of a T-shirt (given as supplies last).

Make checks payable to "TCPCH" & send with form to:

Hills Creek State Park, Attn: Tryathlon
111 Spillway Road, Wellsboro, PA 16901

QUESTIONS? PLEASE CONTACT:

Hills Creek State Park @ 570-724-4246
OR visit www.stepoutdoors.org

* HEAR YE, HEAR YE!

It shall be declared that your signature serves the purpose of a liability waiver, photo release, and permission for posting race results. Be a wise ol' owl and read the red print below:



By signing this form, I acknowledge my understanding of the inherent risks associated with participating in the Step Outdoors Tryathlon. I understand risk may vary depending upon personal fitness level, weather conditions, and other unforeseen circumstances. I acknowledge having a fitness level capable of participating, accept personal responsibility for my participation, and release the organizing parties of liability should a personal injury occur during the normal course of the activity. In addition, I give permission for photos to be taken during the event and posted in public forums such as the Step Outdoors website, newspapers, posters, and advertising media. I also give permission for my name to be included in the race results which may appear on www.stepoutdoors.org and in local newspapers. Permission will be assumed unless otherwise stated in writing and presented to the registration tent the day of the event.

INDIVIDUAL REGISTRATION

(1 PERSON FOR ALL THREE LEGS)

Name: _____

Address: _____

Phone: _____ Gender: M F

email: _____

T-shirt size: S M L XL XXL

* Signature: (or parental signature if registrant under 18 years of age)

Date of Signature: _____



_____ (name & relationship)

_____ (phone #)

TEAM REGISTRATION

one box: female team
 co-ed team male team

Runner's Name: _____

Address: _____

Phone: _____

email: _____

T-shirt size: S M L XL XXL

* Signature: (or parental signature if registrant under 18 years of age)

Date of Signature: _____



_____ (name & relationship)

_____ (phone #)

Paddler's Name: _____

Address: _____

Phone: _____

email: _____

T-shirt size: S M L XL XXL

* Signature: (or parental signature if registrant under 18 years of age)

Date of Signature: _____



_____ (name & relationship)

_____ (phone #)

Biker's Name: _____

Address: _____

Phone: _____

email: _____

T-shirt size: S M L XL XXL

* Signature: (or parental signature if registrant under 18 years of age)

Date of Signature: _____



_____ (name & relationship)

_____ (phone #)

ASSIGNED # _____ (FILLED IN BY STAFF)