

SECOND ANNUAL BARE HARE SPRINT TRIATHLON

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE(pm) \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

IF YOU OWN A CHAMPIONCHIP, PLEASE LIST # \_\_\_\_\_

NAME OF TEAM & NAMES OF TEAM MEMBERS: \_\_\_\_\_

(Please include a signed registration form for each team member) (May have 3 per team)

PLEASE BE SURE TO CIRCLE

T-SHIRT SIZE: S M L XL XXL (\$2.00 Extra)

WAIVER OF CLAIM: In consideration of the acceptance of this entry, I, the undersigned, assume all risks and full and complete responsibility for any Injury or accident which may occur during the Bare Hare Sprint Triathlon or while I am on the premises of this event, and I, myself, my heirs, executors and administrators, hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with the event from any and all injury or damage and liability, whether it be caused by negligence of the sponsors, promoters and other persons or entities associated with the event, or otherwise. I also authorize Bare Hare Sprint Triathlon personnel permission to select location for any medical treatment I might need in case of injury. I acknowledge that I am aware of the inherent risks in participating in any athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event. I understand that the entry fee is non-refundable and race numbers are non-transferable. The race director reserves the right to reject any entry or to issue invitations. I certify that I am at least 18 years of age and this is my legal signature.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Early fees by August 15, 2008: (Late fees after this date accepted online only or on race day)

FEES PAID:

(\$50 Individual or \$80 Team) \_\_\_\_\_

(\$10.00) Guest \_\_\_\_\_

(\$2.00) XXL T-shirt \_\_\_\_\_

(\$10.00) Nude photo \_\_\_\_\_

(\$10.00) Non-Nude photo \_\_\_\_\_

(\$7.00) Fri.night buffet(#x7) \_\_\_\_\_

TOTAL: \_\_\_\_\_

(Please check to make sure you have filled out completely & correctly....Thanks!)

MAIL CHECK/M.O. WITH FEES & REGISTRATION TO:

Butts A'Runnin Race Mgmt.

P. O. Box 6872

Statesville, NC 28687-6872