

# Combat Triathlon

## ENTRY FORM

Individual or Relay

(Each entrant must fill out  
af orm and pb ase mail in  
together.)

## Relay

Male  Female  
 Mixed

Clydesdale  
 Athena

FOR OFFICIAL USE ONLY

Name: \_\_\_\_\_ Relay Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: on 12/31/10 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USAT #: \_\_\_\_\_

## Tank Top Size

(Circle one)

X-Small

Small

Medium

Large

X-Large

## Event Fees:

### Catagory

Triathlon

Relay

### On or Before April 25

\$55.00

\$110.00

### After April 25

\$70.00

\$125.00

I realize that participation in this event carries with it a certain risk, and I fully assume any and all risks for my participation. Therefore, I, for myself, executors, administrators, heirs, next of kin, successors and assigns, waive and release On The Run, Inc. and everyone associated or affiliated with this event, (the releases) from any and all claims, potential claims, damages, court costs and attorney's fees that may arise from my participation in this race. Furthermore, I agree to indemnify and hold harmless the releases for any damages from any such claims or damages due to loss or destruction of my personal property while at the event site or property. ENTRY IS INVALID UNLESS SIGNED BY ENTRANT.

## Fees Enclosed

\$ \_\_\_\_\_

Please send checks  
payable to:

On The Run, Inc.  
2427 Bay Area Blvd.  
Houston, TX 77058

Signature (parent/guardian if under 18) \_\_\_\_\_