1st Annual **AQUA**-TERRA Duathlon

Please Print: **Check one:** **Male_____** **Female _____**

_____ _____
Last Name **First Name**

_____
Street Address

_____ _____ _____
City **State** **Zip Code**

_____ _____ _____
Telephone Number **Date of Birth** **Age**

Estimated Swim Time: _____Minutes _____Seconds_____

I hereby release Riptide Swim Club, Perfectly Fit, LLC and other event sponsors from any liability arising from illness injuries or damages I may suffer as a result of participating in this event. I understand that swimming and running are potentially hazardous activities. I understand that I should not participate unless I am properly trained and medically able to participate in this event. By signing this form, I am also granting permission to use photographs or video taken during the event for any and all purposes.

_____ _____
Signature Date

_____ _____
Signature of parent if participant is under 18 Date

Aqua-Terra Entry Fees:

All entry fees are non-refundable

_____ $20.00 Individual

_____ $30.00 Team

_____ $15.00 Riptide Club Member

_____ $25.00 Riptide Team

Cash and Checks only

Checks Payable to:
Riptide Swim Club

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