



# "NO FRILLS" SPRINT TRIATHLON SERIES

750m swim

20k bike

5k run

**REGISTRATION CLOSES THE NIGHT BEFORE EACH RACE, 5PM (RACE DAY REGISTRATION OK)**

SHOW: 6:00am

GO: 7:00am

LOCATION: Hoover Park, Piti

## SUNDAY, FEBRUARY 5th & 19th

**SERIES ENTRY FEES:**  \$15 GTF members/students 17 & under  \$45 RELAY TEAM  
(2 race series)  \$35 non-GTF members

**SINGLE RACE FEES:**  \$10 GTF members/students 17 & under  \$30 RELAY TEAM  
 \$20 non-GTF members

**Select single race:**  Sunday, February 5th  Sunday, February 19

### COMPETITOR INFO (soloists cannot be part of a team)

Team **SWIMMER** or **SOLOIST** first & last name (print): \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Contact phone # \_\_\_\_\_ Email \_\_\_\_\_

Team **CYCLIST** first & last name (print): \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Contact phone # \_\_\_\_\_ Email \_\_\_\_\_

Team **RUNNER** first & last name (print): \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Contact phone # \_\_\_\_\_ Email \_\_\_\_\_

### WAIVER

I am aware of the possible hazards of participating in a triathlon. I believe that I am physically capable to compete in this event. I release the Guam Triathlon Federation, all event volunteers, contributors, land & property owners, and sponsors for liability for my voluntary participation in this event. I agree to follow instructions given by event officials for safety purposes. I agree to wear a helmet and obey all traffic laws, and I understand that wearing headphones, iPods, or other audio devices that may impair my hearing are prohibited during the cycling and running portions of this event. In signing this form I acknowledge that I have read this waiver and agree to the conditions.

Team SWIMMER or SOLOIST signature: \_\_\_\_\_ Parent's signature (if under 18): \_\_\_\_\_

Team CYCLIST signature: \_\_\_\_\_ Parent's signature (if under 18): \_\_\_\_\_

Team RUNNER signature: \_\_\_\_\_ Parent's signature (if under 18): \_\_\_\_\_



**Date:** Sunday, February 5th and 19th (Hoover Park, Piti)

**Time:** Show 6:00am / GO 7:00am

**Mandatory equipment:** bike, bike helmet, running shoes. No headphones allowed.

**NAME:** \_\_\_\_\_ **PAID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **EMPLOYEE:** \_\_\_\_\_