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XTERRA
STOAKED



XTERRA
TRAIL RUN
STOAKED

Storrs Pond/ Oak Hill Hanover, NH August 9th and 10th, 2008

Name (Team Name) : _____

Address : _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Male: _____ Female: _____ Date of Birth: ____/____/____ Age: _____

USAT#: _____ XTERRA ID #: _____ Challenged Athlete Division: Y _____ N _____

		Check One	Total
Saturday, August 9th			
XTERRA Trail Race—10am	XTERRA Trail Race	\$15	_____
16k Trail Run			
Standard Course— 1pm	Solo- (Standard Course)	\$45	_____
.5 Mile Pond Swim			
8.5 k Mountain Bike	Children's Course	\$20	_____
3.5 k Trail Run			
Children's Course— 3pm	Solo—XTERRA	\$60	_____
25 Yard Pond Swim			
3.3k Mountain Bike	Team—XTERRA	\$100	_____
1.6k Trail Run			
Sunday, August 10th			
XTERRA Course—9am	Team—Corporate XTERRA	\$100	_____
1k Pond Swim			
17k Mountain Bike	After Aug 1st Sign-up fee	\$15	_____
7k Trail Run			
	Amount Paid:		_____

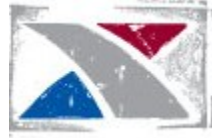
Team Information Swim Competitor MTB Competitor Run Competitor

Make your non-refundable check payable to:

Chad Denning, PO Box 1963 New London, NH 03257



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DISCLAIMER OF LIABILITY (Must be signed)

In consideration of allowing me to compete in the XTERRA STOAKED Off Road Triathlon, I hereby waive any liability that the sponsors may have to be arising out of my participation in this year's race. Furthermore, I warrant that I have read the rules and regulations of the race, and as an individual participant in the XTERRA STOAKED Off Road Triathlon, I hereby agree to hold harmless Team AMP and all sponsoring parties for any damage either physical, personal or property which may arise in relation to my participation in the XTERRA STOAKED Off Road Triathlon.

I am aware that participation in this race may present a serious strain to my body, or its parts, and I further warrant to the sponsors that to the best of my knowledge I am in a proper physical condition to allow me to participate.

All participants must sign this form. Parent of guardian must sign if participant is under 18 years of age.

Signed (Participant): _____ Date: _____

Guardian: _____ Date: _____
if participant is under the age of 18: