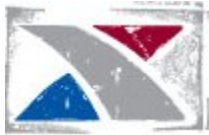


#



**Storrs Pond/ Oak Hill Hanover, NH August 7th and 8th, 2010**

Name (Team Name) : \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

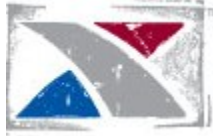
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

USAT#: \_\_\_\_\_ XTERRA ID #: \_\_\_\_\_ Challenged Athlete Division: Y \_\_\_\_\_ N \_\_\_\_\_

		Check One	Total
<b>Saturday, August 7th</b>			
<b>XTERRA Trail Race—10am</b>	XTERRA Trail Race	\$15	_____
16k Trail Run			
<b>Standard Course— 1pm</b>	Solo- (Standard Course)	\$50	_____
.5 Mile Pond Swim	Children's Course	\$30	_____
8.5 k Mountain Bike	Solo—XTERRA	\$65	_____
3.5 k Trail Run	Team—XTERRA	\$100	_____
<b>Children's Course— 4pm</b>	Team—Standard Course	\$75	_____
25 Yard Pond Swim	USAT One Day License (pp)	\$10	_____
3.3k Mountain Bike	(Excluding Childrens Race and Trail Run)		
1.6k Trail Run	After July 23 Sign-up fee	\$15	_____
<b>Sunday, August 8th</b>	(Excluding Childrens Race and Trail Run)		
<b>XTERRA Course—9am</b>	<b>Total Paid:</b>		_____
1k Pond Swim			
17k Mountain Bike			
7k Trail Run			

Team Information \_\_\_\_\_ Swim Competitor \_\_\_\_\_ MTB Competitor \_\_\_\_\_ Run Competitor \_\_\_\_\_

Make your non-refundable check payable to:  
**Chad Denning, PO Box 1963 New London, NH 03257**



## 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 or guardian must sign if participant is under 18 years of age.

Signed (Participant): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
if participant is under the age of 18: