

**STEP OUTDOORS TRYATHLON
& 5K TRAIL RUN/WALK**
Saturday, September 16, 2017, 10am

TRYATHLON REGISTRATION (TEAM)

****No categories, all participants who finish will be recognized!****

Runner's Name: _____

Address: _____

Email: _____

Phone: _____ Age: On 9/16/17

T-shirt size: S M L XL XXL

*Signature: _____ Sign and Date

*or parental signature if registrant is under 18 years of age

Emergency Contact: _____ (name & #)

Paddler's Name: _____

Address: _____

Email: _____

Phone: _____ Age: On 9/16/17

T-shirt size: S M L XL XXL

*Signature: _____ Sign and Date

*or parental signature if registrant is under 18 years of age

Emergency Contact: _____ (name & #)

Biker's Name: _____

Address: _____

Email: _____

Phone: _____ Age: On 9/16/17

T-shirt size: S M L XL XXL

*Signature: _____ Sign and Date

*or parental signature if registrant is under 18 years of age

Emergency Contact: _____ (name & #)

***LIABILITY WAIVER, PHOTO RELEASE, PERMISSION FOR POSTING RESULTS**

By signing this form, I acknowledge my understanding of the inherent risks associated with participating in the Step Outdoors Tryathlon and 5K Trail Run/Walk event. I understand risk may vary depending upon personal fitness level, weather conditions and other unforeseen circumstances. I acknowledge having a fitness level capable of participating, accept personal responsibility for my participation, and release the organizing parties of liability should a personal injury occur during the course of the activity. In addition, I give permission for photos to be taken during the event and posted in public forums such as the Step Outdoors website, social media, newspapers, posters, and advertising media. I also give permission for my name to be included in the race results which may appear at the aforementioned media locations. Permission will be assumed unless otherwise stated in writing and presented to the registration tent the day of the event. The signature of a parent/legal guardian of a participating minor indicates acknowledgement, understanding, and agreement on behalf of the minor.

TRYATHLON REGISTRATION (SOLO)

****No categories, all participants who finish will be recognized!****

Name: _____

Address: _____

Email: _____

Phone: _____ Age: On 9/16/17

T-shirt size: S M L XL XXL

*Signature: _____ Sign & Date

*or parental signature if registrant is under 18 years of age

Emergency Contact: _____ (name & #)

5K REGISTRATION

****No categories, all participants who finish will be recognized!****

Name: _____

Address: _____

Email: _____

Phone: _____ Age: on 9/16/17

T-shirt size: S M L XL XXL

*Signature: _____ Sign & Date

*or parental signature if registrant is under 18 years of age

Emergency Contact: _____ (name & #)

PAYMENT INFORMATION

| FEES | ON PAPER* & RACE DAY | ONLINE BY SEPT. 12* |
|-------------|----------------------|---------------------|
| 5K Walk/Run | \$25 | \$20** |
| TRY (SOLO) | \$30 | \$25** |
| TRY (TEAM) | \$65 | \$60** |

****PLUS PROCESSING FEE**

*Guaranteed t-shirt if registered by Aug. 31 (any surplus of shirts will be available for purchase, day of, while supplies last)

REGISTER ONLINE: WWW.STEPOUTDOORS.ORG

Or send payment to:

TIOGA COUNTY PARTNERSHIP, ATTN: TRYATHLON

33 PEARL STREET, WELLSBORO PA 16901

CHECKS PAYABLE TO: TCPCH