

HOLLOMAN AIR FORCE BASE STEALTH TRIATHLON REGISTRATION FORM

PLEASE PRINT CLEARLY

RACE START: 8:00 a.m. 7 October, 2007

Last Name: _____ First Name: _____ MI: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Country (If Not U.S.): _____ Telephone (Daytime): _____
Age on December 31st, 2006: _____ Gender (Circle): Male Female; **Guests** _____
Weight: _____ Lbs. T-Shirt Size (Circle One): S M L XL XXL
Military Service (Circle One): USAF USN USA USMC USCG GAF
Status (Circle One): Active NG Reserve Retired Cadet DOD/NAF Civilian
Major Command: _____ Base/Post: _____
Non-Military (Circle One): Civilian Government Contractor

Liability and Publicity Release

(Information in parenthesis applies only if the participant is under 18 years of age)

In consideration for allowing me (my child) to compete in the Stealth Triathlon, I the undersigned, intending to be legally bound, waive and release for myself (my child), my heirs, executors, and administrators, and all rights and claims for property damage and personal injury, including death, which I (my child) may have against the United States Air Force, the United States Government, the volunteer medical support, all participating supporting volunteers and their representatives, successors, and assignees, arising from my participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (my child is) physically fit and have (has) sufficiently trained to compete in this event. I realize medical support for this event will consist of primary volunteer medical personnel prepared to administer first aid-type assistance along the racecourse and at the finish line. I (on behalf of my child) hereby grant permission to the Air Force Stealth Triathlon and its sponsors to use all information submitted in my application and my photograph, videotape, motion picture, recording and any other record of this event including pre-race and post race publicity.

RUNNER'S NUMBERS WILL NOT BE ASSIGNED UNLESS A SIGNED LIABILITY RELEASE IS ON FILE WITH THE STEALTH TRIATHLON OFFICE.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT'S PRINTED NAME IF UNDER 18: _____

PARENT'S SIGNATURE IF UNDER 18: _____ DATE: _____

Mail pre-registration form and fees: 1 Oct. 2007

(Make check payable to; Fitness Center)

Fitness Center (SVS/SVMP)

PO Box 734

Holloman AFB, NM 88330

Fees: Registration: Individual: \$45.00 Team: \$75.00

Extra Lunch \$5.50 per person.

Race Day: Non-military participants report to the visitor's center at the main gate. After signing in, proceed down First Street, turn left on New Mexico Ave. Then turn right on Fifth Street. Make a left on Idaho. Registration is at the pool. **The race begins at 8 a.m.**

(Current Driver's License, Insurance and Registration Required)

Fax pre-registration form & fees: by 1 Oct 2007

(505)572-3799 Attn: Gordon Benton

Registration in Person: by 5:00pm 1 Oct. 2007 Fitness Ctr

CARD #

Visa MasterCard Exp. Date: / /

REQUIRED RACE INFORMATION

Awards will be given to participants based on their placing in the following age groups

DIVISION MALE AND FEMALE (CHECK ONE)

☐ 19 & Under ☐ 20 - 24

☐ 25 - 29 ☐ 30 - 34

☐ 35 - 39 ☐ 40 - 44

☐ 45 - 49 ☐ 50 - 54

☐ 55 - 59 ☐ 60 - 64

☐ 65 - 69 ☐ 70 (+)

☐ **Athena:** Women over 150 Lbs.

☐ **Clydesdale:** Men over 200 Lbs.

☐ **First Time Active Duty Military**
As soloists (May also compete in age group categories as soloists.)

RELAY DIVISION - 2 PEOPLE (CHECK ONE)

☐ Men's Open

☐ Women's Open

☐ Coed

☐ Military

AWARDS

All participants will receive

- T-Shirt

- Lunch

Top Overall Male

- Plaque

Top Overall Female

- Plaque

For Official Use Only

Race Number