

GRANITE MAN

JULY 24th, 2010

Triathlon/Duathlon & 10-Mile Mountain Run

Applegate Lake, OR

Sign up for the 4th Annual GRANITE MAN Triathlon/Duathlon & 10-Mile Mountain Run to be held on SATURDAY, JULY 24th, 2010 at Applegate Lake, OR. For more information or to register online, visit Granite-Man.com. Spaces are limited.

Granite Man Event Registration	
Event Date: July 24 th , 2010 (ALL EVENTS START AT 8:00 A.M)	Sex: M / F
Name:	State: _____ Zip: _____
Street:	Email: _____
City:	Shirt Size:
Phone:	XXL _____ XL _____ L _____ M _____ S _____
DOB: mm _____ dd _____ yyyy _____	
Emergency contact name:	
Emergency contact phone: (_____) _____	

GRANITE MAN 10-MILE MOUNTAIN RUN

- 10 mile **\$35** (*\$20 with student discount)

GRANITE MAN DUATHLON - MTN. BIKE 13 – RUN 5

- Individual **\$55** (*\$45 with student discount)
 Team - Female **\$85** per team (*\$75 with student discount)
 Team - Male **\$85** per team (*\$75 with student discount)
 Team - Coed **\$85** per team (*\$75 with student discount)

GRANITE MAN TRIATHLON - SWIM .75 – MTN. BIKE 13 – RUN 5

- Individual **\$65** (*\$55 with student discount)
 Team - Female **\$110** per team (*\$100 with student discount)
 Team - Male **\$110** per team (*\$100 with student discount)
 Team - Coed **\$110** per team (*\$100 with student discount)

Waiver

I acknowledge that a multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am capable of completing all disciplines of this event that I attempt, and that I am physically fit and have sufficiently trained. I agree to abide by the competitive rules. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I hereby waive, release and discharge from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or relate to my participation in this event. I agree not to sue, and to hold harmless any and all persons, organizers, sponsors, volunteers, participants or government agencies for any and all claims or liabilities that I have waived, released or discharged herein.

I have personally inspected all equipment that I am using and have determined that it is in suitable condition and accept full responsibility for its' use. I understand that this course is open to normal road and lake traffic during the event. Further, I hereby grant full permission to any and all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising. The entry fee is non-refundable and non-transferable. A parent or guardian must sign for all persons under age 18.

X Authorized Signature _____ Date _____

Make checks payable to:
PASSPORT2NETWORK
 555 Siskiyou Blvd.
 Ashland, OR 97520

** Student Discount: To receive a student discount on your entry fee, you must sign up at the Stratford Inn front desk located at 555 Siskiyou Blvd. Ashland, OR. Show valid student I.D.*

Team Name: (required unless entering solo)

(Each team member MUST complete an entry form. Be certain to put your team name on each form and mail together if possible.)