



September 26, 2015  
Civic Center Park

### Events:

- Triathlon Individual
- Triathlon Relay
- 5K Run
- Kid's Triathlon
  
- Awards to top 3 men & women in each division
- T-shirts and finishing medals for the first 500 participants
- Like us on facebook for specials and discount codes

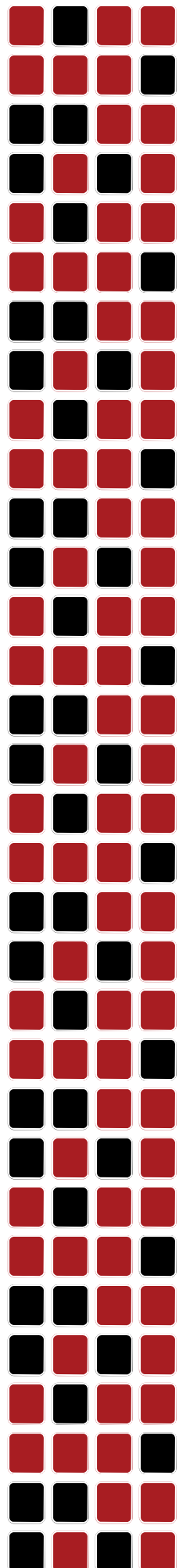
### Registration:

Online at [AVRevTri.org](http://AVRevTri.org)

### Walk in:

Town of Apple Valley  
Park & Recreation  
Department  
14955 Dale Evans Parkway  
Apple Valley, CA 92307

For more information  
please call  
(760) 240-7880 or visit  
[www.AVRevTri.org](http://www.AVRevTri.org)



# Registration Form

You may also register at [www.avrevtri.org](http://www.avrevtri.org)  
Make checks payable to: Town of Apple Valley  
14955 Dale Evans Parkway, Apple Valley, CA 92307  
Phone: 760-240-7880

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## Race (Please check one)

Triathlon-Individual       Triathlon-Relay       5K       Kids Triathlon

	January 1 - March 12	March 16 - 31	April - May	June - July	August	September
Triathlon - Individual	\$30	\$35	\$45	\$55	\$65	\$70
Triathlon - Relay	\$85	\$85	\$85	\$95	\$105	\$110
5K	\$30	\$30	\$30	\$35	\$40	\$45
Kid's Triathlon	\$25	\$25	\$25	\$30	\$35	\$40

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age (race day) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Entry Fee: \_\_\_\_\_ Total Enclosed: \_\_\_\_\_

### Relay

Team Name \_\_\_\_\_

**Age Group**    <17    18 - 24    25 - 29    30 - 39    40 - 49    50 - 59    60+

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. I understand that the race is run on public streets that are not closed off to traffic. The Town is not responsible for participants injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to either personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities.

Signed \_\_\_\_\_ Date \_\_\_\_\_