

Registration Form
You may also register at www.avrevtri.org
Make checks payable to: Town of Apple Valley
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: 760-240-7880

Race (Please ch	neck one)				
☐ Triathlon-Individual ☐ Tr		iathlon-Relay  ☐ 5K		☐ Kids TriathIon	
	Early-Bird: Sept - March	April - May:	June - July:	August:	September:
Triathlon - Individual	\$40.00	\$50.00	\$55.00	\$65.00	\$75.00
Triathlon - Relay	\$65.00	\$90.00	\$100.00	\$110.00	\$120.00
5K	\$20.00	\$30.00	\$30.00	\$35.00	\$40.00
Kid's Triathlon	\$20.00	\$30.00	\$30.00	\$35.00	\$40.00
Name		L	SexBirthday:		
Address					
City		_StateZip			
Phone		Email			
Entry Fee:	try Fee: Total Enclosed:				
<b>Relay</b> Team Name					
Age Group <17	18 - 24	25 - 29	30 - 39 40	- 49 50 -	- 59 60+
I, the undersigned, under I am aware that recreation knowledge of the hazard that the race is run on prinjuries or damages occidoes not provide participation in Town of death, personal injury or Valley or its agents or as maintained by the Town equipment, articles or face	onal activities can less involved and her ublic streets that ar urring from "hazard ants with medical y, its officers, agen Apple Valley prograproperty damage of Apple Valley. I	be hazardous and reby agree to according to a control of the contr	ept any and all rise traffic. The Tow ctivities" (CA Government for injuries. In the from any and all so release includes active or passive of any property of any loss, theft of traffic traffic traffic and the from any loss, the from the	sks of injury or d n is not respons ernment Code & I agree to hold I liability arising s, but is not limit e negligence of t r equipment own or damage to eit	leath. I understand sible for participants 331.7). The Town harmless and release from or related to my ted to, all liability for the Town of Apple ned, operated or
Signed				Date	