



**Columbia River Triathlon, Girlfriends Triathlon
and Weekend Fitness Festival
August 19th – August 21st, 2016**

Submit if paying by mail or in person
Print and mail to: Why Racing Events
1011 Broadway
Vancouver, WA 98660

DO NOT EMAIL THIS FORM IF YOU HAVE INCLUDED YOUR CREDIT CARD NUMBER

MAIL IN A SECURE FASHION

*First Name		*Last Name		Gender	
				M F	
*Address		*City, State	*Zip	Phone Number	
*Email:					
*Emergency Contact (name and phone):					
Birth Date MM/DD/YYYY		Age on Race Day		Tshirt Size	

Would you like to register in the optional Weight Class Division? YES NO
Athena (Women 165 pounds or higher) Clydesdale (Men 220 pounds or higher)

Are you participating on a 2 or 3 person Relay Team? YES NO

Relay Team Name: _____
Relay Team Member: _____ Leg: _____
Relay Team Member: _____ Leg: _____
Relay Team Member: _____ Leg: _____

Would you like to participate in the elite wave? You must have finished Top Ten Overall Male or Female in a race within the past year. YES NO

**This event is a USAT sanctioned and all athletes must have an annual or day membership*
~ The USAT information below is not applicable for participants in the run only events ~*

Are you a USAT Member? YES NO

USAT Membership ID Number:

If you aren't a current USAT Member please go to: [Join or Renew Membership](#) or [One Day Pass](#) and then enter your USAT membership or one day pass ID number above.

Please select which EVENT *and* which DATE/FEE you are paying for. Note, payment must be post-marked prior to date of price increase.

GIRLFRIENDS TRI (Saturday) OR COLUMBIA RIVER (Sunday)	Solo vs Relay	By Dec 31	Jan 1 – June 15	June 16 – August 18	PPU/DOR
<i>SPRINT</i> or <i>OLYMPIC</i>	Individual	\$85	\$95	\$105	\$110
TRIATHLON DUATHLON AQUABIKE	2 Person Relay	\$55pp	\$60pp	\$65pp	\$70pp
	3 Person Relay	\$50pp	\$55pp	\$60pp	\$65pp
GIRLFRIENDS 10K	-	\$40	\$45	\$50	\$60
GIRLFRIENDS 5K	-	\$30	\$35	\$40	\$50
KIDS MINI TRI 10 and under	-	\$25	\$30	\$30	\$30
KIDS TRI – 11-16 *Timed	-	\$40	\$45	\$50	\$55

Total Race Fees \$ _____

Would you like to make an additional donation to our beneficiary Pink Lemonade Project?

Total Donation \$ _____ Total Amount (*Donation + Race Fees*)\$ _____

Paid cash Check payable to Why Racing Events mailed to 1011 Broadway, Vancouver WA 98660

Charge my credit card

Card Number:					Type:
Expiration Date MM/YYYY				3 digit security code	
Name on Card			Billing Address		
City, State, Zip					
Card Holders Signature					

PARTICIPANT WAIVER/RELEASE

PLEASE READ AND AGREE I understand that participating in an organized athletic event is potentially hazardous, and that I should not enter to participate unless I am medically able and properly trained. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN THIS EVENT including but not limited to falls, contact with other participants, spectators or vehicles, the effects of weather and conditions of the course, lack of physical readiness, all risks being known and appreciated by me. I certify that I am physically fit and that I have sufficiently trained. This release shall be binding and 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. I agree that Why Racing Events Inc, and any and all owners, employees, directors, volunteers, persons, sponsors, beneficiaries, participants, and all government agencies not be liable or responsible for any injuries to me resulting from my participation in this event even though that liability, may arise out of negligence or carelessness on the part of the personal and entities named in this waiver. I agree not to sue and I hereby waive, release and will indemnify and hold harmless Why Racing Events Inc, and any and all owners, employees, directors, volunteers, persons, sponsors, beneficiaries, participants, and all government agencies from all claims, losses, liabilities, actions, judgments and the like of any kind including but not limited to 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 grant permission to all of the foregoing to use my name, likeness and identity in any photograph, motion picture, recording or any other record of this event for any legitimate promotional purpose. I understand that Why Racing Events Inc. will use my email address for promotional purposes.

I understand that the Entry Fees are Non-Refundable. I agree that I will not let anyone else race on my behalf. I agree that if I transfer my race to another individual, I will inform the race director to maintain credibility of the results and to assure the race director has all required emergency contact information. I understand that if I transfer my racing chip or bib to another individual without informing the race director, that individual will be disqualified and I may be fined.

I have read this release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

*Participant signature:	Date:
Guardians signature: <small>Required for participants 17 years old and younger</small>	Date:



WHYRacingEvents.com • info@WhyRacingEvents.com
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