**Hugoton Gas Capitol Triathlon Registration Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle one below:**

**Early registration**: Individual ($30) Team ($60)

**After July 23rd**: Individual ($35) Team ($65)

Estimated 200 meter swim time: \_\_\_\_\_\_\_\_\_\_

Team Information (if applicable)

 Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Biker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Runner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All bikers must wear approved helmets. All bikes must have working brakes. No drafting on the bike portion will be permitted. Drafting will result in disqualification from event. Floatation devices will NOT be allowed for swimming portion.

Liability/Photography Waiver: It is specifically understood that participation in this event has potential dangers. I acknowledge that potential and understand that The Hugoton Area Chamber of Commerce, Hugoton Tourism, Hugoton Recreation Commission, their agents or officials are not liable for any claims arising out of injury or accident, unless occasioned by wanton or willful negligence. **Initials:\_\_\_\_\_**

I hereby give my permission to The Hugoton Area Chamber of Commerce to use any and all photographs taken of me or my child for posting to the website, on printed materials and/or other media. I hereby waive any rights or interests that I might have in any and all images without compensation to me. **Initials:\_\_\_\_\_**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Registration Form & Fee To:**

**Hugoton Area Chamber of Commerce**

**630 S. Main Street**

**Hugoton, KS 67951**