31st annual
PAX RIVER
Team Triathlon
Begins at the Pax River Outdoor Pool

DATE
Saturday, Sept. 10

COST
Free - Active Duty and Dependents
$45 - Everyone Else

TIME
Competition starts at 8 a.m.

ELIGIBLE PATRONS
Competition is open to all with base access.

REGISTRATION
Register at Drill Hall.

FOR MORE INFORMATION CONTACT
Fitness and Sports Director
at 301-342-5449

0.5 mile - SWIM

13.1 mile - BIKE

3.1 mile - RUN
31st annual
PAX RIVER
team triathlon
0.5 mile-SWIM • 13.1mile-BIKE • 3.1mile-RUN

Saturday, Sept. 10

TEAM NAME ____________________________________________________________

DIVISION (circle one): Male Female Co-Ed Family

INDIVIDUAL NAMES E-MAIL ADDRESS COMMAND PHONE

SWIMMER

Shirt Information (circle one): Male Female

Shirt Size (circle one): S M L XL XXL

BIKER

Shirt Information (circle one): Male Female

Shirt Size (circle one): S M L XL XXL

RUNNER

Shirt Information (circle one): Male Female

Shirt Size (circle one): S M L XL XXL

RELEASE CERTIFICATION

I, the undersigned, hereby release, remise and forever discharge the United States of America and all agents, representatives and employees, there-of, and their successors, from any and all claims and damage whatsoever which I, my heirs, executors, administrators, have or may have against the said United States of America, its agents, representatives or employees, by reason of any damages or injuries which may have been I myself/family members in the use of the recreational facilities located aboard and operated by the Naval Air Station, Patuxent River, Maryland.

PHOTO POLICY

On occasion, MWR staff may photograph or videotape participants utilizing MWR facilities or participating in recreational programs. These photographs are for MWR use only and may be used in publications, brochures, pamphlets, fliers or video productions.

SIGNATURE OF EACH PARTICIPANT

_________________________________________________________ Date _________________________________

_________________________________________________________ Date _________________________________

_________________________________________________________ Date _________________________________

FOR OFFICE USE ONLY: Entry Fee Runner No. Payment __________ Cash __________ Check