

FIRST NATIONAL BANK OF MONTANA

# SUMMIT SOLSTICE 2010

## TRIATHLON/DUATHLON



### TEAM REGISTRATION

**\$95** per team with no race t-shirt / **\$120** per team with race t-shirt

To register, ***each team member*** must complete the following application and submit along with a check payable to The Summit:

**The Summit Medical Fitness Center**  
205 Sunnyview Lane, Kalispell, MT 59901

Name

Address

City

State

Zip

Phone

Date of Birth

Age

Summit Member #

I am registering for:  Triathlon  Duathlon

Gender:  Male  Female T-shirt size :  S  M  L  XL

I will be (please check one) :  Running  Swimming  Biking

**Waiver:** In consideration of acceptance of this entry form, I the undersigned, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against the event officials and sponsors for photo video, personal damages or injuries arising out of this event. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate.

Signature

Date

If under the age of 18 years, a parent signature is required.

Parent Signature

Date

#### FOR OFFICE USE ONLY

Date:

Account Billed:

Amount:

Credit Card Type:

Check #