

# HOLLOMAN AIR FORCE BASE RAPTOR DUATHLON REGISTRATION FORM

PLEASE PRINT CLEARLY

RACE INCLUDES: 5K RUN, 30K BIKE

RACE START: 8:00 a.m. April 18, 2009

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country (If Not U.S.): \_\_\_\_\_ Telephone (Daytime): \_\_\_\_\_  
**Age on December 31st, 2009:** \_\_\_\_\_ Gender (Circle): Male Female; Guests \_\_\_\_\_  
 Weight: \_\_\_\_\_ Lbs. T-Shirt Size (Circle One): S M L XL XXL  
 Military Service (Circle One): USAF USN USA USMC USCG GAF  
 Status (Circle One): Active NG Reserve Retired Cadet DOD/NAF Civilian  
 Major Command: \_\_\_\_\_ Base/Post: \_\_\_\_\_ Email: \_\_\_\_\_  
 Non-Military (Circle One): Civilian Government Contractor

Liability and Publicity Release

(Information in parenthesis applies only if the participant is under 18 years of age)

*In consideration for allowing me (my child) to compete in the Raptor Duathlon, I the undersigned, intending to be legally bound, waive and release for myself (my child), my heirs, executors, and administrators, and all rights and claims for property damage and personal injury, including death, which I (my child) may have against the United States Air Force, the United States Government, the volunteer medical support, all participating supporting volunteers and their representatives, successors, and assignees, arising from my participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (my child is) physically fit and have (has) sufficiently trained to compete in this event. I realize medical support for this event will consist of primary volunteer medical personnel prepared to administer first aid-type assistance along the race course and at the finish line. I (on behalf of my child) hereby grant permission to the Air Force Stealth Triathlon and its sponsors to use all information submitted in my application and my photograph, videotape, motion picture, recording and any other record of this event including pre-race and post race publicity.*

RUNNER'S NUMBERS WILL NOT BE ASSIGNED UNLESS A SIGNED LIABILITY RELEASE IS ON FILE WITH THE STEALTH TRIATHLON OFFICE.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S PRINTED NAME IF UNDER 18: \_\_\_\_\_

PARENT'S SIGNATURE IF UNDER 18: \_\_\_\_\_ DATE: \_\_\_\_\_

**Mail pre-registration form and fees:** 8 April 2010  
 (Make check payable to: Fitness Center)  
**Fitness Center (FSS/FSVS)**  
**PO Box 734**  
**Holloman AFB, NM 88330**

**Fees:**  
 Registration: Individual: \$30.00 Team: \$55.00

**Race Day:** Non-military participants report to the visitor's center at the main gate. After signing in, proceed down First Street, turn left on W. New Mexico Ave. Then turn right on 8th Street. The Fitness & Sports Center will be on the left hand side. Registration is at front of the facility. Registration begins at 6:30 a.m. and will end at 7:30 a.m. The race begins at 8 a.m.

**Fax pre-registration form & fees:** by 12 April 2010  
 (575)572-2391 Attn: SrA Connecticut Wilson - Fitness Specialist

(Current Driver's License, Insurance and Registration Required)  
**CARD #**

**Registration in Person:** by 5:00pm 12 April 2010 Fitness Ctr

Visa MasterCard Exp. Date: /

**REQUIRED RACE INFORMATION**

Awards will be given to participants based on their placing in the following age groups

**DIVISION MALE AND FEMALE (CHECK ONE)**

- 19 & Under  20 - 24
- 25 - 29  30 - 34
- 35 - 39  40 - 44
- 45 - 49  50 - 54
- 55 - 59  60 - 64
- 65 - 69  70 (+)
- Athena:** Women over 150 Lbs.
- Clydesdale:** Men over 200 Lbs.
- First Time Active Duty Military**  
 As soloists (May also compete in age group categories as soloists)

**RELAY DIVISION - 2 PEOPLE (CHECK ONE)**

- Men's Open
- Women's Open
- Coed
- Military

**AWARDS**

- All participants will receive
- T-Shirt
  - Lunch
  - Top Overall Male - Plaque
  - Top Overall Female - Plaque

**For Official Use Only**

Race Number