

## **TEAM Entry Form and Liability Waiver**

| TEAM NAME:                                    | (Second Choice)             |             |                               |
|---|-----------------------------|-------------|-------------------------------|
| <u>Cruiser Bike Leg</u>                       |                             |             |                               |
| Team Member Name:                             |                             | Age:        | Sex(circle): M/F/Other        |
| Address:                                      | City:                       | State:      | Elevation:                    |
| Thong Size (for your feet):                   | # of Gears on Bike:_        |             | T-Shirt Size: S, M, L, XL     |
| Email:  | Food all                    | ergies?     |                               |
| List any phobias:                             |                             |             |                               |
| (phobias, continued):                         |                             |             |                               |
| Have you ever tested positive for             | performance-inhibiting drug | s? Yes / No |                               |
| Headband size (put an $\underline{X}$ on your | approximate head shape):    |             |                               |
| Charlie Brown Conehead                        | Alien                       | Phat-head   | "Other"                       |
| <u>Über Tuber Leg</u>                         |                             |             |                               |
| Team Member Name:                             |                             | Age:        | Sex(circle): M/F/Other        |
| Address:                                      | City:                       | State:      | Elevation:                    |
| Thong Size (for your feet):                   | T-Shirt Size: S, M, L, XL   | Tube (Circ  | cle): Have my own/ Need one** |
| List any phobias:                             |                             |             |                               |
| Email:  | Food allergies?             |             |                               |
| Have you ever capsized an inflata             | able vessel? Yes / No       |             |                               |
| Headband size (put an $\underline{X}$ on your | approximate head shape):    |             |                               |
| Charlie Brown Conehea                         | ad Alien                    | Phat-he     | ad "Other"                    |

## Flip-Flop Walk-Leg Team Member Name: **Age:\_\_\_\_\_ Sex(circle):** M/F/Other \_\_\_\_\_ City:\_\_\_\_ **State: Elevation:** Address: **Thong Size** (for your feet):\_\_\_\_\_ T-Shirt Size: S. M. L. XL List any phobias: Email: \_\_\_Food allergies?\_\_ Have you ever ran a marathon? Yes / No Did you fall? Yes / No Explain: Headband size (put an $\underline{X}$ on your approximate head shape): Charlie Brown Conehead Alien Phat-head "Other" Race Date: Saturday, July 24th **Race Start Time:** Around 11am, Pagosa Time **Starting Line:** Pagosa Springs Yamaguchi Park (South 5th Street, Across from High School) **Entry Fee:** \$20 per Team Member (make check payable to 'Cruise-a-Thong') All participants will receive an Official Race T-Shirt However, only some participants will win prizes \*\*Bring your own floatation devise or tubes are available to rent from Pagosa Outside\*\* WAIVER: I hereby release the organizers and the groovy sponsors of the cruise-a-thong for any injuries I may incur as a result of participating in this event. I acknowledge that this event is an extreme test of a person's physical and mental limits and carries with it the potential for death, drowning, serious injury and property loss. I do understand that proper safety gear (helmet/PFD/thong sandal with minimum 1/8<sup>th</sup> inch tread) is encouraged to be worn during all times in this race. I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I hereby consent to receive medical treatment or psychotherapy which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness (no mater how stupid I may look) to be used for any legitimate purpose by the event holders, producers, organizers, and/or assignees. I hereby take action for myself, my executors, administrators, heirs, pets, next of kin, successors, and waive, release, discharge, indemnify and hold harmless the entities or persons responsible for hosting, sponsoring, volunteering or otherwise participating in the production and organization of this event. **Signature of Cruiser** Date **Parent's Signature** (if under 18 years or still living at home) Signature of Über Tuber Date **Parent's Signature** (if under 18 years or still living at home)

Mail signed entry form and payment of \$20 per team member to: CRUISE-A-THONG, 189 Talisman, Unit A, Pagosa Springs, Colorado 81147 Questions? cruiseathong@gmail.com or (970)946-6794

Date

**Parent's Signature** 

(if under 18 years or still living at home)

**Signature of Flip-Flopper** 

www.cruiseathong.com