

COHO (tandem) mail-in Registration form

Team Name _____

Choose category: Female, Male, Mixed, Masters (>40), Youth (<16), Family

Captain Name _____ age _____ Email _____ How you heard of The Bellingham Traverse: _____ Address _____ City _____ State/Prov. _____ Zip _____ Phone _____		Name _____ age _____ Email _____ Address _____ City _____ State/Prov. _____ Zip _____ Phone _____	
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Mail-in Registration*	
Early-Post mark before July 1	\$90
Summer-Post mark before September 1	\$115
September	\$130

*refunds available only if Race Director is notified by August 30th

Payment: Please send a check or money order & include this form.
 Make payment to: BELLINGHAM TRAVERSE

BELLINGHAM



TRAVERSE

A NORTHWEST RITE OF PASSAGE

Waiver/Release – Signature Required

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Bellingham Traverse, (2) In consideration for my application to participate in Bellingham Traverse being accepted, I, on behalf of myself, my heirs and assigns, and my estate hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as a result of my participation, and (3) I hereby grant the Bellingham Traverse specific permission to reproduce, publish, circulate, copyright, or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Bellingham Traverse. (4) I am responsible for my own equipment, resolving the Bellingham Traverse of responsibility.

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

Mail to: Bellingham Traverse
PO Box 2771
Bellingham, WA 98227

Questions: Info@BellinghamTraverse.com
360-527-2722

BELLINGHAMTRAVERSE.COM

RUN - MOUNTAIN BIKE - ROAD RIDE - TRAIL RUN - PADDLE – TREK