

**TOM HEIST INSURANCE
BACHARACH**

OCEAN CITY

TRIATHLON/DUATHLON

DATE: SUNDAY, MAY 15, 2011

1/4M SWIM (timed between): 6:00AM - 8:00AM - Tri Entries Only

2M RUN/16M BIKE/2M RUN BEGINS: 9:00AM

Duathlon Start time 9:00 AM 2M RUN/16M BIKE/2M RUN

AGE GROUPS

16 & under, 17 - 19, 20 - 29,
30 - 39, 40 - 49, 50 - 59, 60 - 69
70+

AWARDS

Chance for raffle prizes for all entrants
Prizes for overall winners & each
age group 1st, 2nd & 3rd

APPLICATION FEE

\$45.00 Non - refundable
(includes t - shirt)
Family of Four Fee: \$110.00
Must be mailed in 1 packet
(2 adult & 2 children)

ENTRIES

Deadline: May 6, 2011
Tri limited to first 120 entries
Race packet pick up day of race
Helmets required (ANSI)

KIDS COURSE



1/8M SWIM - Triathlon Entries Only
1M RUN/ 8M BIKE/1M RUN

AGE GROUPS:

8 & 9 YR., 10 & 11 YR., 12 & 13 YR.

KIDS FEE: \$25.00

For additional information, contact Karen Pratz or Lisa Rumer, lrumer@ocnj.us
at the Aquatic & Fitness Center, (609) 525-9317

Make check payable to: City of Ocean City

Must turn in 2nd page waiver

1735 Simpson Avenue, Ocean City, NJ 08226 (609) 398-6900.

Online Registration: <https://register.communitypass.net/ocnj>

Race Results: www.lmsports.com

2011 TRIATHLON/DUATHLON

Register online: <https://register.communitypass.net/ocnj>

Make check payable to: City of Ocean City

Please return waiver and check to: O.C. Aquatic & Fitness Center

1735 Simpson Ave. Ocean City, NJ 08226

APPLICATION

___ TRIATHLON ___ KIDS TRI ___ DUATHLON ___ KIDS DU

NAME: _____

AGE: ___ Birthday _____ MALE ___ FEMALE ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Phone: _____

E-Mail address: _____

MEDICAL PROBLEMS/ALLERGIES _____

CONTACT IN CASE OF EMERGENCY: _____

DATE: ___ PAID: ___ RACE# ___

MUST SIGN WAIVER/NO REFUNDS

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the event against the City and its officers, agents, servants and employees.

I do hereby fully release and discharge the City and its officers, agents, servants and employees from any claims from injuries, damage or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities of the event.

I further agree to indemnify and hold harmless and defend the City and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the event.

I have read and fully understand the above Event Details, Waiver and Release of all claims and permission to Secure Treatment.

Name (Please print) _____

Signature: _____
(Parent/Guardian if under 18)

Date _____