

**FD BANK  
TOM HEIST INSURANCE**

# **OCEAN CITY TRIATHLON/ DUATHLON**

**DATE: SUNDAY, MAY 16, 2010**

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

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

**Duathlon Start time 9:00 AM**

## **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

## **ENTRIES**

Deadline: May 3, 2010  
Tri/Du each limited to first 100 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.

Race Website [www.lmsports.com](http://www.lmsports.com)

# 2010 TRIATHLON/DUATHLON

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    \_\_\_ DUATHLON    \_\_\_ KIDS DU

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

MEDICAL PROBLEMS/ALLERGIES \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

DATE: \_\_\_ PAID: \_\_\_ RACE# \_\_\_

MUST SIGN WAIVER

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 \_\_\_\_\_