



20th Annual!

# WOOD RIVER TRIATHLON



Saturday, August 13, 2011

7:00 AM Start Time

## Wood River Aquatic Center

670 Whitelaw, Wood River, Illinois

[www.wrparks.org](http://www.wrparks.org)

Entry Fee: \$40.00 per individual if postmarked by June 30, 2011  
\$50.00 per individual after June 30, 2011  
\$40.00 for each team member postmarked by June 30, 2011  
\$50.00 for each team member after June 30, 2011

**NO RACE DAY SIGN-UPS WILL BE ALLOWED**

No refunds will be given

*Timing By FLEET FEET Sports*

The course will consist of swimming 450 meters in the beautiful Olympic size Aquatic Center pool, biking 12 miles and running 4 miles through a nice residential area of Wood River. Your race packet will be handed out the day of the race. There will be a bike safety inspection on the morning of the race at the Aquatic Center. Regulation helmets are required. Awards will be handed out for the top 3 male and female finishers and the overall male and female winners. Entrants will be divided into twelve age divisions: 13-15, 16-19, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+, and team divisions. Your entry fee will include a souvenir T-shirt and complimentary brunch. A meal ticket can be purchased for family members and friends for \$3.00 each. After the race a fun-filled day at the Aquatic Center pool and water slide for participants and their family. For more information or if you have questions, please contact the Wood River Park & Recreation Department at (618) 251-3130, or e-mail at [tbunt@charter.net](mailto:tbunt@charter.net). Check in one hour before your start time.

Please make checks payable to: Wood River Aquatic Center Triathlon

**DEADLINE FOR ENTRY IS JULY 22, 2011**

**NO CHANGES NO EXCEPTIONS**

Please print information and mail entry fee to:

Wood River Aquatic Center, Attn. Triathlon, 633 N Wood River Ave., Wood River, Illinois 62095

### Registration Application

Name: \_\_\_\_\_ Shirt Size: S M L XL XXL Gender: M/ F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age on Race Day \_\_\_\_\_

### Waiver, Release, and Indemnification Form

In consideration of the acceptance of my entry in the Wood River Triathlon:

- I hereby agree to comply with all rules and regulations and event instructions of the Wood River Triathlon and its Supporting Organization members.
- For myself, my executors, administrators, heirs, and next of kin, I hereby
  - Waiver and release any and all claims that I may have against the Wood River Triathlon, its Supporting Organizations, their officers, directors, members, volunteers, employees, and the municipality of Wood River, including any and all claims for damage caused by the negligence of any of them, arising out of my participation in the event and its related activities together with any cost including attorney's fees that may be incurred as a result of any such claim whether valid or not and:
  - Indemnify and hold harmless the releases and each of them against any such claim that I or my guests or many one or more of my or their executors, administrators, heirs, or next of kin may have or assert and against any costs including attorneys fees with respect thereto.
- I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the Wood River Triathlon event and related activities.
- I hereby acknowledge that participation in the Wood River Triathlon competition carries with it potential hazard. I therefore release the Wood River Triathlon and its Supporting Organizations, their officers, directors, members, volunteers, employees, agent and the Municipality of Wood River of any liability in the event of injury or death during the event.
- I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that a licensed medical doctor has verified my physical condition.

I hereby consent to receiving medical treatment, which may be deemed advisable in the event of injury, accident, or illness during the Wood River Triathlon.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_