

30th Annual

LONGMONT TRIATHLON

Sunday, June 6, 2010

525 yd swim, 12 mi bike, 5k run



SWIM TIME PREDICTION FOR 500 YARDS: _____ (maximum swim time 25 min)

Name: _____ First Wave 6:45am - Slower swimmers swim first

Address: _____ City _____ State _____ Zip _____

Day Phone: _____ Evening Phone: _____

Email: _____ Male _____ Female _____

Birth Date _____ Age on race day: _____ Wheelchair Division yes _____ no _____

Is this your first triathlon? Yes No How many times have you done this race? _____

**Teams Only: Team Name _____

Jr Team _____ (combined ages under 105) Sr Team _____ (combined ages 105 or over)

Swimmer _____ Biker _____ Runner _____

Circle Shirt Size. For Teams, write the number of shirts by each size.

Hoodie size: SM MD LG XL XXL Packet pick up at Fleet Feet June 4, 4-6pm YES NO
After May 17, Fleet Feet packet pick up is not available.

Entries must be received by April 15 to guarantee requested sweatshirt size.

Entry Fee:	Before April 30:	\$68 individual	\$78 team
	After April 30:	\$72 individual	\$81 team
	Race Day:	\$75 individual	\$84 team



Send completed entry form to Centennial Pool and make check payable to:
City of Longmont, 1201 Alpine St, Longmont, CO 80504

Credit Card # _____ Exp. Date _____

2010 Longmont Triathlon Waiver

Emergency Medical Authorization:

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me. I agree to pay all reasonable expenses for medical and related treatment obtained for me and further agree that the City of Longmont is not liable for payment of such expenses.

Adult release, Liability waiver and hold harmless statement for participation in the 2010 Longmont Triathlon sponsored by the City of Longmont, Colorado. I understand that there are certain risks involved with participating in the city of Longmont activity identified above. I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, AND IT'S OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in the City's activity. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful or reckless action or gross negligence by the City of Longmont, or its officers, agents, volunteers, assistants or employees.

Signature: _____ Date: _____

Printed name of party signing: _____

For team use

Signature: _____ Date: _____ Signature: _____ Date: _____

Printed name of party signing: _____ Printed name of party signing: _____