

ENTRY FEES:

USAT Member - \$60 until 9/1/04, \$75 thereafter.

Relays - \$105 until 9/1/03, \$120 thereafter.

RACE T-SHIRTS ARE NOT GUARANTEED AFTER 9/1/03

•We encourage you to register on-line at www.patriotstriathlon.com or you can fill out the entry form and mail it along with your check made out to *TriState Multisport* To:

Susan Thornton, Race Director
843 Dogwood Court
Pottstown, PA 19464

•NON-USAT members must add the \$9.00 ONE-DAY USA triathlon membership fee to all above entry fees.

•If an individual or team member does not have USAT card then that individual or team must pay the \$9.00 fee on race day.

•NOTE: If you have a USAT membership pending, you must present your receipt from USAT or pay the \$9.00 one-day fee

•Please **DO NOT** Mail in your entry after 9/1/04 as we may not receive your information in time for pre-registration. Use on-line entry only after 9/1/04!

AWARDS:

OVERALL - Top 3 Males & Females

AGE GROUPS -

•Top 3 in all age groups that have at least 10 participants

(13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+)

SPECIAL AWARDS-

•Top 3 Clydesdales (Males over 200 lbs)

•Top 3 Athenas (Females over 145 lbs)

•Top 3 Male and Female 1st Timers (Your VERY 1ST Triathlon)

•Top Relay team Males, Females & Mixed

AMENITIES:

•Location- Evergreen Lake, call for camping info and availability 610-837-6401

•T-shirts - Race shirts for all pre-registered participants and volunteers

•Timing - by CompuScore using ChampionChip Timing

•Fast Results - Results are downloaded while the event is going on.

•Online Results - View your results online at www.patriotstriathlon.com

•Awards ceremony - Immediately following the race.

RACE DAY:

•On-Site Registration opens at 6:30 AM

•Pre-Race Meeting starts at 7:45 Lakeside

•First Wave starts at 8:00

THIS EVENT WILL BE RUN RAIN OR SHINE

2004 PATRIOT'S TRIATHLON ENTRY FORM

Please type or print clearly

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender Male Female Race Day Age _____ Birth Date ___/___/___ Phone#() _____

Current USAT membership # _____ Exp Date _____

NOTE: YOU MUST PRESENT YOUR CURRENT USAT CARD OR PAID RECEIPT AT REGISTRATION OR PAY THE \$9 ONE DAY FEE

E-Mail Address _____ (For event updates and notifications)

EVENT DIVISIONS (PLEASE CHOOSE ONE, THERE WILL BE NO DUPLICATION OF AWARDS)

Age Group Clydesdale Athena 1st Timer

Relay Team - Team Name _____ Your Leg: Swim ___ Bike ___ Run ___

PLEASE READ CAREFULLY BEFORE SIGNING THE ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in these event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA triathlon ("USAT") in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizer and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE future and arising out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event. THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENT SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY THE USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS include risks that may be the result of negligence of person or entities mentioned in the above subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above any other harm caused to me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

PRINT NAME _____ SIGNATURE _____ DATE _____

For those under 18, a parent or guardian must sign the above release and complete the following section:

The undersigned parent or natural guardian of _____ (minor's name) hereby acknowledges that he/she has executed the forgoing release.

I hereby authorize any licensed physician, emergency room technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve minor and myself. I further acknowledge that no warranty is being made as to the results of any medical treatment.

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP TO MINOR _____ DATE _____