

LOGGERHEAD triathlon

Saturday, Aug. 9th • 7 a.m. • Carlin Park, Jupiter, FL



Presented By



USAT Sanctioned Event



Swim 3/8 Mile ... Bike 13 Miles ... Run 3.1 Miles

DATE & TIME

Saturday, August 9, 2008 at 7:00 a.m.

LOCATION

Carlin Park in Jupiter, FL
Exit 1-95 on Indiantown Rd. and go east to A 1 A.
Turn right 1/4 mile to Carlin Park.

DISTANCE

Swim 3/8 mile, Bike 13 miles, Run 3.1 miles

RACE COURSE

Ocean swim; bike two laps to Loggerhead Park; flat run

AWARDS

Top 3 overall

DIVISIONS

14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & above, Clydesdale 15-39 (185-199 weight), Clydesdale 40 & above (185-199 weight), Clydesdale 15-39 (200+ weight), Clydesdale 40 & above (200+ weight), First timers, Relays Male, Relays Female, Relays Coed, Mountain Bike, Athena 145 & above

AMENITIES

Coolmax Tank shirt, & Participant food/beverages

DRAWING

Drawing for a Triathlon Racing Bike donated by J Town Bicycles. Must be present to win.

ENTRY FEE

Early Registration \$50	\$70 Relays before July 1st
Individuals before July 1st	\$75 Relays July 2nd - 18th
\$60 July 2nd -18th	\$85 Relays July 19 - August 8
\$70 July 19th - August 8	

NO RACE DAY REGISTRATION
Race closes at 600 Participants

USAT FEE

Non-USAT Members an additional charge of \$10 will be charged at Registration

RULES

An ANSI approved bike helmet is mandatory.
No drafting on the bike. Wet suits will not be allowed.
Times for the adult race will be capped.

PACKET PICKUP

Friday, August 8th between 3pm and 8pm
at Jupiter Beach Resort & Spa, 5 N A1A, Jupiter, FL
and on race day at Carlin Park.

HOST HOTEL



Jupiter Beach Resort & Spa
5 N A1A, Jupiter, FL
Call 800-228-8810 or visit the website at: www.jupiterbeachresort.com
and mention code: LOGG for discounted rate for participants.

INFORMATION

Northern Palm Beach County Chamber of Commerce (561)746-7111

REGISTER ON-LINE

Available at www.altavistasports.com

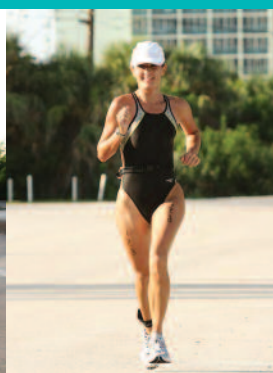


VOLUNTEERS NEEDED CALL: (561) 748-3944

SPORTS & FITNESS EXPO

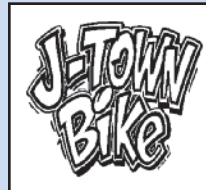
Friday, August 8th, 2008 • 3 - 8 p.m. • Jupiter Beach Resort & Spa • 5 North A1A, Jupiter
Free Admission (Booth Space Available)

MANDATORY First Timer Seminar, Instructor Marty Frezza, 6:30 - 7:30 p.m. Jupiter Beach Resort & Spa
This seminar is a MUST for those competing for the first time.



PHOTOS ARE COURTESY OF B B ACTION PHOTO

SPONSORS



OFFICIAL ENTRY FORM - MANDATORY COMPLETION

LAST NAME _____ FIRST NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____ T-SHIRT SIZE _____
 BIRTHDAY _____ SEX _____ USAT# _____
 EMERGENCY CONTACT _____ PHONE _____
 OCCUPATION _____ EMAIL _____

CIRCLE DIVISION: COED RELAY	AGE GROUP MOUNTAIN BIKE	CLYDESDALE FIRST TIMERS	MALE RELAY ATHENA	FEMALE RELAY ELITE	*Weight needed for all Clydesdale	RELAY TEAM NAME
PLEASE ENCLOSE A SEPARATE ENTRY FORM FOR EACH RELAY TEAM MEMBER				Credit Card (Circle Type) We only accept Visa and Mastercard	Visa	Mastercard
Make check payable to: Northern Palm Beach County Chamber of Commerce				Card Number _____	V-Code (3 digit) _____	
And mail to: 800 N. U.S. Hwy One, Jupiter FL 33477 or Fax Application to 561-694-0126				Exp _____	Signature _____	
				Billing Street # _____		
				Billing Address _____	Zip Code: _____	

STANDARD ACKNOWLEDGMENTS, WAIVER AND RELEASE FROM LIABILITY
 All athletes must read and sign. Please read carefully before signing this acknowledgment, waiver and release from liability (AWRL). I acknowledge that a triathlon is an extreme test of a person's physical and mental limits and it carries then, the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN TRIATHLON EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted and relied upon by the Triathlon Club of the Palm Beaches, and various race sponsors, organizers and administrators in permitting me to participate in this event. Entry fees are non-refundable and non-transferable.
 In consideration for allowing me to participate in this event I hereby take the following action for myself by executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from this event THE FOLLOWING PERSONS OR ENTITIES: Triathlon Club of the Palm Beaches event sponsors, race directors, event producers, volunteers, the State of Florida, Palm Beach County, City of Jupiter, Town of Juno Beach, and the officers, directors, employees representatives an agents of any of the above; b) I AGREE NOT TO SUE any persons or entities mentioned above for any claims made or liabilities that I have waived, released or discharged herein; and c) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above for any claims made or liabilities assessed against them as a result of my actions during this event.

Printed Name _____ Signature _____ Date _____

FOR PERSONS under EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION.

The undersigned, _____ (parent/guardian) the parent and natural or legal

Guardian of _____ (minor's name) hereby acknowledge that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the term of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL, or any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL, or in the execution of this Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purposes of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such Medical Provider to perform all procedures deemed advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. NOTE: Parent/ Guardian must also sign AWRL above.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____