

jbmountainbikes.com Weekend Warrior Triathlon, 2 and 4-Person Relay

Saturday, July 30th, 2016 9:15 A.M.

Shillington Park in Shillington, Pa. Rain or Shine!

Registration: Pre-registration entries must be received by July 25th.

Race limits: Maximum of 60 teams and 100 individuals

Entry fee: \$80-4 person team, \$60-2 person team. \$40 - individuals

Race day check in: 7:30-8:30. Pre-race Meeting: 8:30am.

<u>Team Divisions:</u> Female * Male * Coed (2 male and 2 female) * Masters (All over 40)

* Family "Three division" (10 and under, 11-14 and open-(15 yrs and older) based on age of youngest member.

Individuals Divisions: Overall male and female, 17 and under, 18-29, 30-39, 40-49 and 50 +

Race Distances: (4 Team members)

1st Leg: 2 Mile Road Run. 2nd Leg: 6 Mile Mt. bike (Must be a Mt. bike-helmet required)

3rd Leg: 8 Lap Pool Swim. 4th Leg: 2 Mile Cross Country Run.

The goods: Imprinted race shirt, plus other goodies and free food after the race.

Awards: 1st place trophies in each individual division. Medals for all team divisions.

**2nd and 3rd place in each division-based on every <u>five</u> pre-registered in the division.

Contact us at bulrich1@aol.com or call Breakaway Sports at 610-413-8772.

Join our race update email list: Simply send email to bulrich1@aol.com.



REGISTER ONLINE AT:

www.makebreak.com

Weekend Warrior Triath

Saturday, July 30th, 2016



WAIVER / HOLD HARMLESS CONTRACTUAL AGREEMENT: By signing this contractual agreement I acknowledge the fact that participating in the Weekend Warrior Triathlon and Triathlon Relay is a potentially hazardous activity and I am competing with full knowledge of all potential risks and injuries. I will not enter and race unless I am medically able and properly conditioned and trained for the level of competition that I aspire to. I also know that, although, some safety protection via course officials will be provided, there can be many hazards on the course route. I also assume any and all other risks associated with this event including but not limited to falls, contact with other participants, the affects of weather, including high heat and or humidity, the condition of the roads and all risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Breakaway Sports Marketing, Officials of the event and any other sponsors or associated organizations, including Shillington Borough, Cumru Township, their Police Departments; Emergency Radio Systems; Race Officials, Volunteers, or any of the employees, agents, assignees or anyone acting on or for their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or the course of, my participation in this event known as the Weekend Warrior Triathlon and Triathlon Relay. All costs incurred for medical assistance, be it ambulance, hospital, etc., is my sole responsibility and my financial liability. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permissions to the race organizers, sponsors, producers, and directors and or agents authorized by them, to use any photographs, videotapes, motion pictures, sound recordings, or any other record of this event for any purpose, be it promotional for remuneration to the aforementioned parties, without financial or other compensation or royalties to the event participant named herein. Applicants understanding and agreeing to this Waiver / Hold Harmless Contractual Agreement as specified herein and the rules of the event and decision of race officials should sign the entry form on the space provided below. I also agree that I am signing this contract and am competing for consideration of medals, awards and or prizes as named for

Signature of 1	Participant:Date:						
Signature of autho	rized adul	t if under 1	8 years of age:				
Participant Inforn	nation – <u>Pl</u>	ease Print	LEGIBLY				
Last Name:	First Name:						
Address:							_
City:				State:		ZIP:	_
DOB:	_AGE:	SEX:	Phone #:		Email:		
			If a team m	ember, plea	se complete:		
Team Name:		Division:					

PLEASE CIRCLE DESIRED SHIRT SIZE: XS S M L XXL

Circle One - Entry fee: \$80 - 4 person team, \$60 - 2 person team, \$40 if racing as an individual

Make check payable to: <u>Breakaway Sports</u> and mail entries to:

BREAKAWAY SPORTS- Weekend Warrior @ PO BOX 631, SHILLINGTON, PA 19607

Question call: 610-413-8772, or email us at: bulrich1@aol.com, or access our web site at: http://www.makebreak.com