

# Sand Key Triathlon

.3 mile swim, 11 mile bike, 3.1 mile run

## Date & Location

Sunday, September 19, 2010  
 Sand Key County Park  
 Clearwater, FL 33767

Start Time: 1<sup>st</sup> Wave 7:00 a.m. sharp

## Packet Pick Up:

Saturday, September 18, 2010  
 12:00 – 6:00 p.m.  
 Clearwater Community Sailing Ctr  
 1001 Gulf Blvd.  
 Clearwater, FL 33767

Entry Fee:	Individuals	Team
Before May 1st	\$65.00	\$90.00
Before July 31st	\$75.00	\$100.00
Before Sept 14th	\$85.00	\$110.00

## USAT RULES & REGULATIONS

All participants must be members of USAT or pay a one day membership fee for non-USAT members. Do not include with registration.

## NO REFUNDS & NO RACE DAY REGISTRATION

Make Checks payable to and mail to:  
 Tri This  
 6537 Cape Hatteras Way NE #1  
 St. Petersburg, FL 33702  
 Online Registration – imathlete.com

## Awards:

Standard 5 year age divisions 1<sup>st</sup> – 5<sup>th</sup>  
 Clydesdales/Athena 40 under/over 1<sup>st</sup> – 5<sup>th</sup>  
 Military 1<sup>st</sup> – 5<sup>th</sup>  
 Relay Divisions: 1<sup>st</sup> (Male/Female/Mixed/Military)  
 Information:  
**Race Director: Bev Buysse 727-526-5371**  
**cell: 727-773-5675, www.trithisinc.com**



*DIVISION:* Elite  Age Group  Clyde/Athena  First Timer  Military  Relay Mixed  Relay M  Relay F

*SHIRT SIZE:* S  M  L  XL  XXL  XXXL  Relay Team Name: \_\_\_\_\_

*Name:* \_\_\_\_\_ *Age:* \_\_\_\_\_ *Birthdate:* \_\_\_\_\_ *Male / Female* \_\_\_\_\_ *USAT#* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Emergency Contact Person:* \_\_\_\_\_ *Emergency Contact Phone:* \_\_\_\_\_

In consideration of the entry, I for myself, my heir, devisees executors, administrators and assigns hereby waive, release and discharge any and all Claims against Tri This Inc., Pinellas County Parks Dept., City of Clearwater, or organizations sponsoring or conducting this event, or their employees, representatives, of successors, for any and all damages or injuries I may suffer. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or account of this event. **INSURANCE DOES NOT COVER THESE ACTIVITIES: BABY JOGGERS, ANIMALS, RADIO OR PHONE HEADSETS.**

Signature/ All Relay Team Members sign \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

