

TRIATHLON XXXIII

**E.P. "Tom" Sawyer
State Park
Saturday,
August 9th, 2014**



SPRINT TRIATHLON



KENTUCKY STATE PARKS
"the nation's finest"



E.P. "TOM" SAWYER STATE PARK
3000 FREYS HILL ROAD
LOUISVILLE KY 40241
WWW.PARKS.KY.GOV



For free biker safety classes, please visit www.louisvillebicyclub.com

USAT SANCTIONED SPRINT TRIATHLON



Scan to
register
now!

REGISTRATION:

- Entry Fee (plus one day USAT insurance fee, if applicable):

	Individual	Team
May 1, 2014 - July 15, 2014:	\$70	\$110
July 16, 2014 - August 3, 2014:	\$80	\$120
Aug 4, 2014 - Aug 8, 2014 at 4:00 pm:	\$90	\$130
- Register online at <https://secure.kentucky.gov/formservices/Parks/Triathlon> from May 1, 2014 - August 3, 2014.
- Non-USAT members add \$12.00 per person to cover USAT one day insurance.
- USAT members must include copy of USAT card with registration form.
- Registration will be accepted online, by mail, or in person in the Recreation Office in the Activities Building.
- Participation is limited to the first 325 entries.
- Deadline for t-shirt is July 15, 2014. Registrants after this time may receive t-shirt while supplies last.
- All registration forms received after August 3, 2014 will be placed at the end of estimated 1/2 mile swim time.
- Race begins at 6:45 am.
- For more information contact (502) 429-7270.

COURSE DESCRIPTION:

- 1/2 Mile Swim-held in the park's 50-meter pool. Participants start every 20 seconds based on their estimated swim time.
- 14 Mile Bike-Out and back with a turnaround. Some large hills, speed humps, and several turns.
- 5K Run-Out and back to the finish line. Flat and fast course on asphalt and firm surfaces.

AWARDS:

- Overall Male and Female race winners will receive the John Carr Memorial Award.
- The top two male and female finishers in each of the following age groups: 15 & under, 16 - 19, 20 - 24, 25 - 29, 30 - 34, 35 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 64, 65 & older.
- Top Team Finisher.

TRIATHLON XXXIII REGISTRATION FORM

NAME: _____

AGE: _____ BIRTHDATE: _____ SEX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

COMPETING AS:

- INDIVIDUAL
- TEAM (NAME): _____

USAT #: _____

T-SHIRT SIZE:

- SMALL X LARGE
- MEDIUM XX LARGE
- LARGE PLEASE ADD \$2 FOR XXL

ESTIMATED 1/2 MILE SWIM TIME (PLEASE BE ACCURATE)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 12 MIN | <input type="checkbox"/> 21 MIN | <input type="checkbox"/> 30 MIN |
| <input type="checkbox"/> 15 MIN | <input type="checkbox"/> 24 MIN | <input type="checkbox"/> 35 MIN |
| <input type="checkbox"/> 18 MIN | <input type="checkbox"/> 27 MIN | <input type="checkbox"/> 40 MIN |

PAYMENT METHOD:

- CASH CREDIT CARD: VISA MC AMEX
- CHECK (\$50 FEE ON RETURNED CHECKS) CARD NUMBER: _____
- MAKE CHECKS PAYABLE TO: EXP DATE: _____
- E.P. "TOM" SAWYER STATE PARK. SIGNATURE: _____

Release of Responsibility: I, the undersigned participant in E.P. "Tom" Sawyer State Park Triathlon XXXIII, do hereby agree for myself, my heirs, executors, administrators, and assigns that the Commonwealth of Kentucky, Commerce Cabinet, Department of Parks, and any agents, officers, employees, and sponsors, shall be released from any and all claims for personal injury or injury, loss, or damage to personal property suffered or sustained by me in connection with, or arising out of or resulting from, any and all activities associated with E.P. "Tom" Sawyer State Park Triathlon XXXIII, while on or about the premises of the Commonwealth of Kentucky, Department of Parks, in Jefferson County, E.P. "Tom" Sawyer State Park Recreation Park Site. I further assume the risk of personal injury, loss, or damage to myself and loss, injury, and damage to my property while on the above premises and while participating in the above activities. I give the Dept. of Parks permission to use any photos that might be taken of me during the course of this event, for future promotional purposes.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____