



# STE. GENEVIEVE COUNTY COMMUNITY CENTER



## 3RD ANNUAL MINI TRIATHLON

### SWIM : BIKE : RUN MAY 22, 2010

#### RACE DETAILS

DATE: MAY 22, 2010

TIME: 9:00AM SHARP!

DUE TO LANE LIMITATIONS, THE START WILL BE STAGGERED ACCORDING TO AGE GROUP.

AGE DIVISIONS: 16-19 YRS, 20-29 YRS, 30-39 YRS, 40-49 YRS, 50-54 YRS, 55-59 YRS, 60 & OVER

**200 YARD SWIM  
2 MILE RUN  
9 MILE BIKE**

#### REGISTRATION

REGISTRATION ACCEPTED IN PERSON OR BY MAIL AT:  
STE. GENEVIEVE COUNTY COMMUNITY CENTER  
P.O. 403  
STE. GENEVIEVE, MO 63670  
FAX #: (573) 883-1037  
WWW.SGCCC.COM

RACE DIRECTOR:  
CHRIS MERKLEY

FOR MORE INFORMATION, CONTACT (573) 883-5244  
OR EMAIL: CMERKLEY@SGCCC.COM

MAKE CHECKS PAYABLE TO :  
STE. GENEVIEVE COUNTY COMMUNITY CENTER

#### INFORMATION

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

AREA CODE & PHONE # \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

REQUESTED SHIRT SIZE: YS: \_\_\_\_ YM: \_\_\_\_ YL: \_\_\_\_  
AS: \_\_\_\_ AM: \_\_\_\_ AL: \_\_\_\_ AXL: \_\_\_\_

DO YOU HAVE A MEDICAL CONDITION WE NEED TO KNOW ABOUT?  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### RACE DETAILS

ENTRY FEE: \$25 BY MAY 7  
\$35 AFTER MAY 7 OR DAY OF RACE

**\*SIGN UP BY MAY 7 TO GUARANTEE A T-SHIRT\***

MEDALS WILL BE GIVEN FOR THE TOP 3 FINISHERS IN EACH AGE GROUP.

PARTICIPANTS ARE RESPONSIBLE FOR BRINGING THEIR OWN BIKE AND ANY OTHER EQUIPMENT NEEDED TO PARTICIPATE.  
**HELMETS ARE REQUIRED.**

ON-SITE SHOWER FACILITIES WILL BE AVAILABLE FOR ALL PARTICIPANTS.

I, THE UNDERSIGNED PARTICIPANT, ON BEHALF OF MYSELF, MY HEIRS, LEGATEES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE STE. GENEVIEVE COUNTY COMMUNITY CENTER AND ANY OF THEIR AGENTS, REPRESENTATIVES, EMPLOYEES OR ASSIGNS FOR MY HEALTH, SAFETY OR INJURY AND DISABILITY ARISING OUT OF OR RESULTING FROM PARTICIPATION IN THIS PROGRAM. I ALSO AUTHORIZE ANY PHOTOS TAKEN OF MYSELF, THE PARTICIPANT, TO BE USED IN ANY PUBLICITY OR PROMOTION MATERIALS BY THE DEPARTMENT.

SIGNATURE OF PARTICIPANT (OR PARENT IF REGISTERING A MINOR)

DATE