

## TRI BC WAIVER

### RELEASE AND INDEMNITY

Please read carefully

I, THE APPLICANT, ON BEHALF OF MYSELF, MEMBERS OF MY FAMILY, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY FOREVER RELEASE, DISCHARGE AND HOLD HARMLESS TRIATHLON BC (TRI BC) REPRESENTATIVES AND AGENTS FOR ANY INJURY, LOSS OR DAMAGE TO MY PERSONAL OR PROPERTY HOWSOEVER CAUSED, ARISING OUT OF OR IN CONNECTION WITH MY TAKING PART IN TRI BC ORGANIZED EVENTS AND ACTIVITIES CONTRIBUTED TO OR OCCASIONED BY THE NEGLIGENCE OF THE TRI BC REPRESENTATIVES OR AGENTS.

IN WITNESS, THEREOF, I HAVE HEREUNDER SET MY HANDS THIS

DAY OF , 2008.

\_\_\_\_\_  
PRINTED NAME OR NAMES

\_\_\_\_\_  
PARTICIPANTS SIGNATURE PARENT/GUARDIAN IF UNDER 19YRS

\_\_\_\_\_  
WITNESS NAME

\_\_\_\_\_  
WITNESS SIGNATURE

## THANK YOU TO OUR SPONSORS



### HOW TO REGISTER

#### Registration fee includes Adidas shoulder bag

Individual: \$55 (non Tri BC Member add \$10)  
Team: \$150 (non Tri BC Members add \$10)

Amount Enclosed \_\_\_\_\_

Cheques payable to Team X (no post dated cheques)

#### **Mail Entry Form** (front & back)

Travis Chater  
5171 Polson Terrace  
Victoria, BC V8Y 2C5

#### **Drop Off**

Island Runner (Fairfield Plaza)

#### **Online**

Tri BC  
Active .com, refer to website:

<http://www.sookespringtri.com/>



## 6<sup>th</sup> ANNUAL TEAM X SOOKE SPRINT TRI

<http://www.sookespringtri.com/>

**SUNDAY, APRIL 20, 2008**  
**Sooke Seaparc Leisure Complex**

**Local Season Opener**  
**Race #2 – Tri BC Provincial Race Series**



**Triathlon British Columbia**  
Provincial Association for the Sports of Triathlon and Duathlon in BC

## RACE INFORMATION

**DATE** Sunday, April 20, 2008

### PLACE

Seaparc Leisure Complex  
2168 Phillips Rd, Sooke BC  
Limited parking, allow time for short walk to pool.

**TIME** 6:30- 7:30 a.m.

Body marking and bike check in  
Competitor's bikes **MUST** be in transition **30 minutes prior** to assigned swim start.

### Mandatory Bike Check

Fort St. Cycle, M-F April 14-18 10 a.m. – 6 p.m.  
Saturday, April 19, 10 a.m. – 4 p.m.  
For out of town participants, check website

### RACE PACKAGE PICK UP

Island Runner (Fairfield Plaza)  
Thursday, April 17, 4:30 – 6:30 p.m.  
Friday, April 18<sup>th</sup>, 4:30- 7:00 p.m

Fort St. Cycle  
Saturday, April 19<sup>th</sup> 10:00 a.m.- 2 p.m.

**NO** race day package pick up

## COURSE DESCRIPTION

**Refer to website for further details.**

### Swim

700m swim, 25m pool. First heat, 8 a.m. sharp with slowest swimmers first. All athletes must provide estimated swim times on entry form.

### Bike

20k paved asphalt surface. Hilly, challenging course with fast technical sections.

### Run

5k paved surface, out and back along Phillips Rd.  
Aid stations at 1.5k & 3.5k.

## POST RACE INFORMATION

Refreshments will be provided by our sponsor,  
Village Food Market

### AWARDS

Athletes will be awarded with commemorative ribbons for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place in each category. Medals will be given to overall Male, Female, Elite Male, and Elite Female.

### Volunteering

It is our goal at the TEAM X Sooke Sprint Tri to provide all participants with a safe and enjoyable race experience. As our event grows, we continue to need the involvement of more and more volunteers. In order to make this year's event a success, we are asking all participants to help us by asking your friends and family if they are interested in being part of the event by being a volunteer. Please contact Connie at info@SookeSpringtri.com or call 665-6149 if interested.

## EVENT PROCEEDS INFORMATION

A portion of proceeds will be used to provide bursaries for young children who are unable to participate in a sport of any kind due to monetary reasons.

## PLEASE NOTE

**Register early**, race is limited to 250 athletes.

All entries must be in no later than April 12, 2008.

Entries received after April 12<sup>th</sup> will be subject to a \$10 late fee, which will be collected at package pick-up. **NO** refunds.



## TEAM X SOOKE SPRING TRIATHLON ENTRY FORM

Individual / Team Name \_\_\_\_\_

Team Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Tri BC #'s \_\_\_\_\_

Age as of Dec 31/08 \_\_\_\_\_

Birthdate (M, D, Y) \_\_\_\_\_

Est. Swim Time \_\_\_\_\_ First Tri? \_\_\_\_\_

Member of Team \_\_\_\_\_

Age Category: Male \_\_\_\_\_ Female \_\_\_\_\_

16-19 \_\_\_\_\_ 30-34 \_\_\_\_\_ 45-49 \_\_\_\_\_ 60-64 \_\_\_\_\_

20-24 \_\_\_\_\_ 35-39 \_\_\_\_\_ 50-54 \_\_\_\_\_ 65-69 \_\_\_\_\_

25-29 \_\_\_\_\_ 40-44 \_\_\_\_\_ 55-59 \_\_\_\_\_ 70+ \_\_\_\_\_

Team \_\_\_\_\_ Elite \_\_\_\_\_ Jr. Elite \_\_\_\_\_

Please list any disabilities or medical conditions.

**SEE BACK FOR REGISTRATION  
DETAILS**