

7TH Annual Tri/Du/Run the Wildwoods

Saturday, August 21st, 2010

Race Application

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Tri-Fed # _____ Exp Date _____

Phone _____ Email _____ Gender _____ Age _____

Date of Birth (as of Dec. 31 2010) _____

Entering Tri: (check one) Individual (\$75) Relay (\$180)

Entering Du: (check one) Individual (\$65) Relay (\$130)

Entering Aquavelo: (check one) Individual (\$55) Relay (\$100)

Entering 5K Run: _____ (\$25)

Yes, I would like a custom embroidered fleece _____ \$50: S, M, L, XL (include in race fee)

Yes, I would like a custom dry fit race t-shirt _____ \$20: S, M, L, XL (include in race fee)

IF YOU ARE NOT A TRI-FED MEMBER YOU MUST COMPLETE THE ONE DAY MEMBERSHIP FORM THE DAY OF THE RACE. THE FEE IS \$10. ADD THIS TO THE RACE FEE.

Team Name _____ (circle one) Male Female Co-ed

Relay:

1) Swim/Run: _____

2) Bike: _____

3) Run: _____

Clydesdale - Male 200+ lbs. _____ Athena - Female 140+ lbs. _____

T-Shirt size: (circle one) Small Medium Large X Large XX Large

Please read carefully before signing: In consideration of the acceptance of my entry in the Tri/Du/Run the Wildwoods I, my heirs, executors and administrators hereby discharge Cape May County, the City of North Wildwood, DelMoSports L.L.C., and all the sponsors and producers of this event, their agents, officers, employees, volunteers, event directors and event holders and anyone associated in any way with the event, from all liabilities, actions, claims, demands, damages, costs and expenses which I may now or in the future have against them arising out of my participation in the above mentioned Tri/Du/Run the Wildwoods, including but not limited to all injuries that may be suffered by me. I attest and verify that to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in the race(s) mentioned above and that no physicians or other individual has advised me against competing in any part of these events.

I certify that I have read this document and attest to its contents.

signature _____ date _____

(signature of parent if under 18)

Make Checks Payable To: **DeIMoSports, LLC**

Mail To: **DQ EVENTS**

PO BOX 555

COLLINGSWOOD, NJ 08108

USAT Sanctioned. You must bring Tri-Fed card to pre-registration.

Do not mail in registrations after 8-10-10, they will not be honored.

For further information, go to www.delmosports.com.