



**SATURDAY, SEPT. 16, 2017 • 8:30am • .3mi Swim, 13mi Bike, 3.1mi Run**  
**www.duxburybeachtriathlon.com**

**RACE INFORMATION**

The 16th Duxbury Beach Triathlon will benefit Special Olympics of Massachusetts through the LETR program along with local sports teams and community groups.

**RACE COURSE**

The Duxbury Beach Triathlon is one of the most scenic and safe courses you will experience. The rolling bike and run courses are preceded by a straight-line swim course alongside Powder Point Bridge with no turns and with water temps near 70 F.

**PACKET PICK-UP/REGISTRATION**

Friday September 15, Kingsbury Club & Spa, 3:30-6:30pm.  
 Saturday, September 16, Duxbury Beach, 6:30AM-8:00am.

**AWARDS**

Team Psycho and Duxbury Beach Triathlon offer cash prizes to the top 5 Elite Division Men and Women of \$500, \$300, \$150, \$100, \$50 respectively. The top 3 in each age group will receive medals and CoolGear water bottles!

**REFUNDS**

NO refunds are given and we do not offer refund insurance. Transfers are allowed via Active.com through September 10 at no charge



**OFFICIAL 2017 DUXBURY BEACH TRIATHLON ENTRY FORM (PLEASE PRINT SUPER-CLEARLY AND INCLUDE EMAIL)**

SHIRT	INDIVIDUALS MALE	INDIVIDUALS FEMALE	TRIATHLON RELAY	POLICE (LETR)
Circle T-shirt size: S M L XL XXL XXXL	<input type="radio"/> Male elite <input type="radio"/> Male age group age 13+ <input type="radio"/> Clydesdale (M) 220+	<input type="radio"/> Female elite <input type="radio"/> Female age group age 13+ <input type="radio"/> Athena (F) 165+ lbs.	<input type="radio"/> Male 2-person 3-person <input type="radio"/> Female 2-person 3-person <input type="radio"/> Mixed 2-person 3-person	<input type="radio"/> Male <input type="radio"/> Female

Individual entries or relay team primary contact please complete the following:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 12/31/16 \_\_\_\_\_  
 Email (please print clearly) \_\_\_\_\_ USAT License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

3-Person Relay Team Name:	Relay Member 1 = Swimmer	Relay Member 1 = Cyclist	Relay Member 1 = Runner
Name:			
Email:			
Shirt Size - please circle:	S M L XL XXL XXXL	S M L XL XXL XXXL	S M L XL XXL XXXL

2-Person Relay Team Name:	Circle: Swimmer Biker Runner	Circle: Swimmer Biker Runner
Name:		
Email:		
Shirt Size - please circle:	S M L XL XXL XXXL	S M L XL XXL XXXL

TRIATHLON:
\$15 USAT 1-Day License
\$85 May 16 - August 15
\$95 After August 15
\$115 2-person Team
\$140 3-person Team

**If you do not have a valid USAT license, please include a \$15/person 1-Day USAT License fee and make checks payable to:**  
 Duxbury Beach Triathlon  
 mail completed application with payment to:  
 Duxbury Beach Triathlon  
 P.O. Box 2651  
 Duxbury, MA 02331-2651

READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL). I certify that I am physically fit and have not been advised against participation by a health professional and I assume the risks of participation in this multi-sport event. I release and discharge the following entities from any and all claims of damages of any kind which may result from my participation in the 2017 Duxbury Beach Triathlon: USAT, event sponsors, race directors, event producers, volunteers and the Town of Duxbury. I certify that I am 18 years of age or older and I have read this document and understand its content.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For persons under 18, a parent/legal guardian must sign the above AWRL and read below.

I, the undersigned \_\_\_\_\_ (parent/legal guardian) of the minor have executed the foregoing AWRL on behalf of the minor named herein. I represent that I have legal authority to act for and on behalf of the minor name(s) herein, and I agree to hold harmless the persons or entities mentioned in the foregoing AWRL for any claims against them. I authorize any licensed physician, EMT, hospital or other medical care facility to treat the minor(s) for any injuries that may arise during this USAT sanctioned event. I authorize any such medical provider to perform all procedures deemed medically advisable.

Printed name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

**You may also use a credit card to register via the internet at: [www.active.com](http://www.active.com)**