



SATURDAY, SEPT. 18, 2010 • 8:30am • .5mi Swim, 13.1mi Bike, 3.1mi Run
www.duxburybeachtriathlon.com

RACE INFORMATION

The Duxbury Beach Triathlon will raise money for the Duxbury Police Athletic League and the Southeastern Massachusetts Special Olympics. The race is limited to 750 individuals and 50 2- or 3-person teams. Please note that there will be no rain date. In the event of poor weather, race officials may exercise their right to shorten, alter or cancel any portion of the triathlon. Please log on to our website for refund policy, updates and much more information regarding the triathlon.

RACE HEADQUARTERS

Race Headquarters on Saturday, September 18, 2010, will be at Duxbury Beach, Gurnet Road, Duxbury, MA. The race starts promptly at 8:30am.

PACKET PICK-UP/REGISTRATION

Athletes may pick up race packets prior to race day on Friday, September 17, from 3-7pm at the Kingsbury Club & Spa (www.kingsburyclub.com). Please see the triathlon website for more details. Registration is also available on race day from 6-8am at Duxbury Beach. Bike racking will take place on Saturday, Sept. 18, from 6-8am. All bikes must be racked on race day by 8:00am.

Saturday registration closes promptly at 8:00am.

REFUNDS

Full refund until Sept. 1 with refund insurance. No refunds allowed without insurance. Check website for complete cancellation and refund policy details.

RACE COURSE

The Duxbury Beach Triathlon is a .5 mile swim, 13.1 mile bike, and a 3.1 mile run through the scenic backdrop of historic Duxbury, Massachusetts—one of the most beautiful courses you will see all year! The swim takes place in Duxbury Bay (water temperature approx. 68° F), the bike course is flat-rolling, and the run is mostly flat. See website for additional details.

AWARDS

Cash prizes of \$300, \$180 and \$120 will be presented to the top three overall male and female winners; merchandise prizes to male and female age group winners; medals to top 3 age group finishers.



OFFICIAL 2010 DUXBURY BEACH TRIATHLON ENTRY FORM (PLEASE PRINT CLEARLY!)

T-shirt size (check one): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	<input type="checkbox"/> Male elite	<input type="checkbox"/> Female elite	<input type="checkbox"/> All Male Team	Inlet Division (Police): <input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Male age group 13+ <input type="checkbox"/> Clydesdale (M) 200+	<input type="checkbox"/> Female age group 13+ <input type="checkbox"/> Athena (F) 160+	<input type="checkbox"/> All Female Team <input type="checkbox"/> Mixed Team	

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

Last Name _____ First Name _____ Date of Birth _____ Age on 12/31/09 _____
 Address _____
 City _____ State _____ Zip _____ Country _____
Email (please include for news and updates; please print clearly) _____
 Home Phone _____ Cell Phone _____
 Emergency Contact _____ Cell Phone- _____
 USAT License # _____ Exp. Date _____ I will be using a 1-day only license (\$10 fee)

Relay Teams: please complete the following:

Relay Team Name:	Relay Member 1	Relay Member 1	Relay Member 1
Name:			
Competing as:	Swimmer	Cyclist	Runner
USAT License #:	USAT # _____ <input type="checkbox"/> N/A	USAT # _____ <input type="checkbox"/> N/A	USAT # _____ <input type="checkbox"/> N/A
1-Day USAT License Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Category	Fee	Amount Enclosed
Entry Fee	\$77/\$100/\$120*	
Entry fee postmarked after July 15	\$85 Individual	
Refund Insurance	\$7.70 individual OR team	
USAT 1-Day \$10 License Fees	Total @\$10/person	
	TOTAL	

*\$77 Individual; \$100 2-person Team; \$120 3-person Team

Make checks payable to
 Duxbury Beach Triathlon
 Duxbury Beach Triathlon; mail
 completed application with payment to: 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 2009 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