



SATURDAY, SEPT. 22, 2018 • 8:00am • .35mi Swim, 13mi Bike, 3.1mi Run
www.duxburybeachtriathlon.com

RACE INFORMATION

The 17th Duxbury Beach Triathlon will be hitting the waters of Duxbury Bay on Saturday, September 22.

We are proud to again partner with Special Olympics of MA and their LETR program.

PACKET PICK-UP/REGISTRATION

Friday September 21, Kingsbury Club & Spa, 3:30-6:30pm.
 Saturday, September 22, Duxbury Beach, 5:45-7:15am.

SWIM COURSE

For 2018, the swim will be the alternate swim course which begins north of transition and is a shoreline swim course. Water temps are expected to be near 70 F. Wetsuits are mandatory

BIKE & RUN COURSE

The bike and run take place in one of the most scenic areas in New England. The bike is deceptively challenging with sneaky rolling hills. The run is mostly flat and fast.

AWARDS

Awards are given to the top 3 in 13-14, 15-16, 17-19 then 5 year age groups 20+. Prize money sponsored by Team Psycho, \$300, \$200, \$100 Male & Female.

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="checkbox"/> Male elite <input type="checkbox"/> Male age group age 13+ <input type="checkbox"/> Clydesdale (M) 220+	<input type="checkbox"/> Female elite <input type="checkbox"/> Female age group age 13+ <input type="checkbox"/> Athena (F) 165+ lbs.	<input type="checkbox"/> Male 2-person 3-person <input type="checkbox"/> Female 2-person 3-person <input type="checkbox"/> Mixed 2-person 3-person	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

Last Name _____ First Name _____ Date of Birth _____
 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 through July 31
\$95 starting August 1
\$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 2018 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 _____

You may also use a credit card to register via the internet at: www.active.com