



**SATURDAY, SEPT. 24, 2011 • 9:00am • .5mi Swim, 13.1mi Bike, 3.1mi Run**  
**www.duxburybeachtriathlon.com**

**RACE INFORMATION**

The Duxbury Beach Triathlon will benefit the Duxbury D.A.R.E. program and multiple area volunteer groups (please contact the race director if your group can help). In addition, through the Charity Entry program, donations will be made to Mass. Special Olympics, Parent Project Muscular Dystrophy and Thoroughbred Retirement Foundation. Race is limited to 750 individuals and 50 2-3 person relay teams. Please check the website for more information regarding the refund policy. There is no rain date.

**PACKET PICK-UP/REGISTRATION**

Athletes are encouraged to pick up race packets on Friday, September 23, from 3-7pm at the Kingsbury Club & Spa

(www.kingsburyclub.com). Registration is also available on race day, 6:30-8:30am, at Duxbury Beach. Bike racking race day only at 6:30am

**REFUNDS**

NO REFUNDS unless purchasing Refund Insurance (RI)\*, 10% of entry fee (\$7.70). With RI, a full refund will be issued through September 10. USAT fees will also be refunded. You must notify race director by September 10. Relay teams are NOT eligible for RI. Transfers for both individuals and relay teams upon request to race director.

**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**

Team Psycho sponsored 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 2011 DUXBURY BEACH TRIATHLON ENTRY FORM (PLEASE PRINT SUPER-CLEARLY AND INCLUDE EMAIL)**

T-shirt size (check one): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> Male elite <input type="checkbox"/> Male age group 13+ <input type="checkbox"/> Clydesdale (M) 200+	<input type="checkbox"/> Female elite <input type="checkbox"/> Female age group 13+ <input type="checkbox"/> Athena (F) 160+	<input type="checkbox"/> All Male Team <input type="checkbox"/> All Female Team <input type="checkbox"/> Mixed Team	Inlet Division (Police): <input type="checkbox"/> Male <input type="checkbox"/> Female
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Individual entries or relay team primary contact please complete the following:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 12/31/11 \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

USAT License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  I will be using a 1-day only license (\$10 adult/\$5 youth (13-17))

**Relay Teams:** please complete the following:

Relay Team Name:	Relay Member 1 = Swimmer	Relay Member 1 = Cyclist	Relay Member 1 = Runner
Name:			
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
Individual Entry Fee	\$77	
2-person Team Entry Fee	\$100	
3-person Team Entry Fee	\$120	
*Refund Insurance	\$7.70 individuals ONLY	
USAT 1-Day License Fees:	Adults \$10/person; Youth (13-17) \$5/person	
	<b>TOTAL</b>	

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

Make checks payable to Duxbury Beach Triathlon  
 Duxbury Beach Triathlon; mail P.O. Box 2651  
 completed application with payment to: 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](http://www.active.com)**