



Eighth Annual Sprint Triathlon
Saturday / August 3, 2019

Musgrove Park & Aquatic Center
 403 East Florence / Olney, Illinois

Time Trial / Staggered Start format
 using Champion Chip Timing

Open to participants born in 2009 * and earlier

Sequences and Distances

200 meter swim
 outdoor pool
 depth 4'3" to 4'9"

14.6 mile bike
HELMETS REQUIRED

5k / 3.1 mile run/walk

Every completer receives a participation medal

INDIVIDUAL AWARDS

Top 3 overall male/female
 Top 3 overall Zeus/Xena
 Top 3 male/female per age group

TEAMS (2-3 members)

Top 3 teams per category:
 male – female – coed

Award Divisions

14 and under*	45 – 49
15 – 19	50 – 54
20 – 24	55 – 59
25 – 29	60 – 64
30 – 34	65 – 69
35 – 39	70 – 74
40 – 44	75 and up

Registration

	<u>By July 15th</u>	<u>After July 15th</u>
Individual	\$ 65	Same fees – no promises of shirt or completer medal
Team (per person fee / 2 or 3 person teams)	\$ 40	
Richland County Youth born 2000 - 2009	Registration WAIVED (free)	
Other Youth born 2000 - 2009 (nonRichland County youth)	Registration REDUCED (\$25)	
<i>To honor those who serve(d) to protect our freedom, RCRC White Squirrel Triathlon is proud to offer US Military members a \$10 discount off the participant registration fees.</i>		
<i>The military rebate is available for active and veteran members of the US Military only.</i>		
* youth born 2008-2009 may swim or run on a team (parent/guardian must be at Musgrove Park)		

Event Schedule

Friday / August 2, 2019

6:00 – 8:00 p.m. Check in / Body Marking / SWAG Bag pick up
 (pool will be open – body marked participants swim free)

Saturday / August 3, 2019

6:00 – 7:15 a.m. Transition Area open – **BODY MARKED PARTICIPANTS ONLY**
 Chip pick up / Check in / Body Marking / goody bag pick up

7:15 a.m. Pre-start meeting - pool deck – all participants

7:30 a.m. COED start (guys and gals who don't mind mixing it up)

followed by WOMEN start (gals who don't want to be mixed in with guys)

to follow Awards Presentation - while we prefer to hold the awards ceremony after all participants complete, we reserve the right to start the awards presentation 2 hours after the Golden Sweeper begins the bike segment.

Maps, Rules and Regulations, link to on-line registration (participants), volunteer information, and sponsorship information may be found at www.rcrcolney.com.

REGISTRATION AND WAIVER

Name _____ Birth year _____
 Address _____ Gender M F
 City/St/ZIP _____ Phone _____
 e-mail _____ cell days eves

Emergency contact: name _____ phone _____

Participation Category <input type="checkbox"/> Age Grouper (men 200 lbs or more) <input type="checkbox"/> Zeus (optional) (ladies 150 lbs or more) <input type="checkbox"/> Xena (optional) <input type="checkbox"/> Team Member	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> guys dri-fit shirt</td> <td style="width: 33%;"><input type="checkbox"/> gals dri-fit shirt</td> <td style="width: 34%;"></td> </tr> <tr> <td><input type="checkbox"/> guys bike jersey* (straight fit)</td> <td><input type="checkbox"/> gals dri-fit jersey* (curvy fit)</td> <td></td> </tr> <tr> <td>Youth</td> <td>S</td> <td>M</td> </tr> <tr> <td>Adult</td> <td>S*</td> <td>M*</td> </tr> <tr> <td>Adult</td> <td>2XL</td> <td>3XL</td> </tr> <tr> <td></td> <td>4 XL</td> <td>5XL</td> </tr> </table>	<input type="checkbox"/> guys dri-fit shirt	<input type="checkbox"/> gals dri-fit shirt		<input type="checkbox"/> guys bike jersey* (straight fit)	<input type="checkbox"/> gals dri-fit jersey* (curvy fit)		Youth	S	M	Adult	S*	M*	Adult	2XL	3XL		4 XL	5XL
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	4 XL	5XL																	

Team Name _____
 Men's names of swim _____
 Women's all team bike _____
 Coed members run _____

RCRC WHITE SQUIRREL TRIATHLON WAIVER AND RELEASE

In consideration of acceptance of my entry or my child's entry, I understand and agree that

- I am voluntarily participating in the RCRC White Squirrel Triathlon and have read and agree to comply with all rules, regulations, and event instructions.
- I fully understand that my participation in the RCRC White Squirrel Triathlon could result in serious injury to me or my child, including death.
- I fully assume all risks and desire to participate without regard to those risks. I certify that I and any other participants that I am registering are physically fit and have sufficiently trained for participation in this event.
- I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Olney, all event sponsors, organizers, volunteers, and representatives and their families from any and all claims and liabilities of any kind suffered by me or my child in conjunction with this event, including pre- and post-event activities.
- I further indemnify and hold harmless the City of Olney, its officers and employees from any and all claims or lawsuits resulting from personal injury, including death, or property damage arising from or in any way connected to the special event; excepting any claims arising solely out of the negligent acts of the City, its officers and employees.
- In the event that I am in need of medical treatment and unable to give consent to the employees or agents of Carle Richland Memorial Hospital, Carle Richland Memorial Ambulance Service and such other medical personnel that are on hand, such medical personnel are authorized to provide me with emergency medical treatment they deem necessary.
- I also give permission for the free use of my name and/or pictures or video in any broadcast or any account of this event.

Signature of participant

Date

Signature of parent/guardian of participant under 18

Date

_____ My registration fee of _____ and my additional gift of _____ is enclosed.
 _____ I am a Richland County youth born between 2000-2009 and eligible for fee waiver.
 _____ I am a nonRichland County youth born between 2000-2009 and eligible for reduced fee.

Mail signed form, entry fee, and additional gift (if you wish) with checks made payable to Richland County Recreation Council / Post Office Box 508 / Olney, IL 62450