

2006 the Beach Triathlon

JUNE 25, 2006 – ENTRY FORM

MUST COMPLETE ENTIRE FORM Please print clearly

Mail completed form and fee to: LBIM, 555 E. Artesia, Suite B, Long Beach, CA 90805 562-728-8829 Fax 562-728-8839

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Phone (Day) _____ Phone (Eve) _____

Male ___ Female ___ Age on Day of Race _____ Birthday _____ Email: _____

WAIVER AND RELEASE FOR GOOD AND VALUABLE CONSIDERATION: Including permission for the undersigned to participate in the BEACH TRIATHLON CONTINENTAL CUP and related activities. I, the undersigned for myself, my successors, heirs, assigns, executors, and administrators agree that prior to participating I will inspect the facilities and equipment to be used and, if I believe any of them are unsafe, I will immediately advise the supervisory person at the facility acknowledge that I fully understand that I will be engaging in activities that involve risk of injury or death, including economic losses which might result not only from my injuries to myself, including medical or hospital bills, permanent or partial disability or death and damages to my property, real or personal caused by or resulting from my participation in the event: covenant not to sue and release, relinquish, waive and discharge the City of Long Beach, the Beach Triathlon Continental Cup, International City Racing, LLC, Long Beach Sea Festival, their officials, employees, volunteers, sponsors, and agents from any and all liability, loss, damage, claim or demand arising from or attributable to my participation in this event: agree that photographs, pictures, slides, movies or videos of me may be taken in connection with my participation in the event without compensation from the City of Long Beach, Beach Triathlon Continental Cup, International City Racing, LLC, Long Beach Sea Festival, or their permittees and further I consent to the use of photographs, pictures, slides, movies or videos for any legal purpose: warrant that I am in good health and have no physical condition that would prevent me from participating in the event. I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Signature of Athlete _____ Date _____ (Signature of parent if under 18 years) _____ Date _____
IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in the Beach Triathlon Continental Cup and related events, is in good physical condition, and that the race medical officials have my permission to authorize emergency treatment and to have access to his/her records, if necessary.

DIVISIONS:	
Men	Women
___ *Under 15	___
___ 16-19	___
___ 20-24	___
___ 25-29	___
___ 30-34	___
___ 35-39	___
___ 40-44	___
___ 45-49	___
___ 50-54	___
___ 55-59	___
___ 60-64	___
___ 65-69	___
___ 70-74	___
___ 80+	___

EVENTS:	
<u>OLYMPIC DISTANCE</u>	
ELITE MEN ___	ELITE WOMEN ___
U23 MEN ___	U23 WOMEN ___
USAT or ITU License #: _____	
<u>SPRINT DISTANCE</u>	
ELITE JUNIORS(16-19) ___	
ELITE YOUTH (13-15) ___	
<u>SPRINT DISTANCE</u>	
AGE DIVISION ___	

EARLY-BIRD PRICE (Before: May 31)	
Elites	\$65.00
U23	\$65.00
Junior/Youth	\$45.00
Age Division	\$85.00
LATE REGISTRATION (after May 31)	
Elites	\$75.00
U23	\$75.00
Junior/Youth	\$50.00
Age Division	\$95.00

T-Shirt Size:
___ S ___ M ___ L ___ XL

<u>RACE SCHEDULE:</u>	
Elite/U23 Men	6:00am
Elite/U23 Women	7:00am
Juniors/Youth	8:00am
Age Group Men	9:00am
Age Group Women	9:05am

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Visit us at www.thebeachtri.com