



35th Annual Colchester Triathlon Registration

Sunday, July 28, 2019

Start Time: 8:30 a.m.



DIVISIONS FOR INDIVIDUALS (PLEASE CIRCLE ONE)

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| <p>SWIM:</p> <p>Div SA: Male 12-18
Div SB: Female 12-18
Div SC: Male 19-34
Div SD: Female 19-34
Div SE: Male 35-49
Div SF: Female 35-49
Div SG: Male 50-64
Div SH: Female 50-64
Div SI: Male 65+
Div SJ: Female 65+</p> | <p>KAYAK:</p> <p>Div KA: Male 12-18
Div KB: Female 12-18
Div KC: Male 19-34
Div KD: Female 19-34
Div KE: Male 35-49
Div KF: Female 35-49
Div KG: Male 50-64
Div KH: Female 50-64
Div KI: Male 65+
Div KJ: Female 65+</p> |
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DIVISIONS FOR TEAMS (PLEASE CIRCLE ONE)

- SWIM:**
- Div SK: Junior (12-18)
Div SL: Male (19+)
Div SM: Female (19+)
Div SN: Coed (19+)
- KAYAK:**
- Div KK: Junior (12-18)
Div KL: Male (19+)
Div KM: Female (19+)
Div KN: Coed (19+)
- Junior Teams: All members must be under the age of 18.
Can be all male, all female, or coed.
- All Other Teams: Can have members under age 18, but must have at least one racer over the age of 19.

REGISTRATION FEE:

- Early Bird - Register before May 1, 2019**
- \$45.00 Junior Individual (18 and under)
\$60.00 Individual (19+)
\$70.00 Junior Team (All members must be under 18)
\$90.00 Team (19+)
- Register between May 2 - July 28, 2019**
- \$50.00 Junior Individual (18 and under)
\$75.00 Individual (19+)
\$75.00 Junior Team (All members must be under 18)
\$105.00 Team (19+)
- If registering after May 26th, 2019 your t-shirt size choice is not guaranteed!**

INDIVIDUAL RACER OR TEAM MEMBER 1 information:

Name: _____

E-Mail: _____

Address: _____

City/State/Zip: _____

Cell Phone: (____) _____

Daytime Phone: (____) _____

Birthdate: _____ Gender: M F

Circle Event: Swim Kayak Bike Run

T- Shirt Size: ____S ____M ____L ____XL

Women's T- Shirt Size: ____S ____M ____L ____XL

Team Name: _____

TEAM MEMBER 2 information:

Name: _____

E-Mail: _____

Address: _____

City/State/Zip: _____

Cell Phone: (____) _____

Daytime Phone: (____) _____

Birthdate: _____ Gender: M F

Circle Event: Swim Kayak Bike Run

T- Shirt Size: ____S ____M ____L ____XL

Women's T- Shirt Size: ____S ____M ____L ____XL

TEAM MEMBER 3 information:

Name: _____

E-Mail: _____

Address: _____

City/State/Zip: _____

Cell Phone: (____) _____

Daytime Phone: (____) _____

Birthdate: _____ Gender: M F

Circle Event: Swim Kayak Bike Run

T- Shirt Size: ____S ____M ____L ____XL

Women's T- Shirt Size: ____S ____M ____L ____XL

VT SENIOR GAMES (Individual Racers, Ages 50 and up)

This triathlon will be run simultaneously as the **2019 Vermont Senior Games State Triathlon Championships**. CHECK HERE if you are an *individual, swim/bike/run racer, 50+ years old (as of 12/31/19)* & would like to be dual-registered. Your registration information will be shared with the Vermont Senior Games Association.

Safety: Colchester Triathlon Race Officials and Colchester Police reserve the right to remove any participant from the race that may pose a risk to themselves, other participants, volunteers and/or the general public. Course closes promptly at 11:00AM. Runners not yet across the finish line will be picked up in a sag vehicle and returned to the finish line. Runners will not be allowed to finish the race on their own.

Questions: Call Colchester Parks & Recreation Department at 802-264-5640 or visit the FAQ section on the Colchester Triathlon website: www.colchestertri.com

Mail registration and payment to:

Colchester Parks & Recreation
781 Blakely Road
Colchester, VT 05446

WAIVER OF LIABILITY (Must be signed by all participants) I hereby for myself, my heirs and executors waive and release all rights and claims by damages I may have against the Colchester Parks & Recreation Department, Vermont Senior Games Association, race sponsors, race organizers, volunteers and town through which the race passes for all injuries suffered by me during my participation in the 2019 Colchester Triathlon. I verify that I am physically fit and sufficiently trained for this competition and that my physical condition for participation in these types of events have been verified by a licensed medical doctor during the last six months.

REFUND POLICY: No refunds will be issued for any reason after you register for this event. Entries CANNOT be transferred to another event or year. Entries can be transferred to another person **no later than Monday, July 15, 2019** by calling (802) 264-5640. By registering for this event you agree to the refund policy.

WEATHER POLICY: In the event of inclement weather the following procedures will be followed: The event will be postponed until 9:30 a.m. in hopes inclement weather will pass. If inclement weather does not pass by 9:30 a.m. the event will be postponed another 30 minutes starting no later than 10:00 a.m. Every effort will be made to have this event on this date and time with consideration of changing the event to a duathlon format if necessary. Should this event be cancelled due to an act of God or other circumstances beyond the Race Director's control there will be no make-up date, refunds, credits or transfers. NO EXCEPTIONS will be made to this policy. By registering for this event, you agree to the weather policy.

Participant or Team Member 1 signature: _____ Team Member 2 signature: _____

Team Member 3 signature: _____ Parent/Guardian signature (if participant under 18): _____