

“Triathlon doesn’t build character. It reveals it.” - Unknown

FALLS CITY AQUATIC CENTER

2016 SPRINT TRIATHLON

Saturday, July 23rd

8:00 A.M. Start Time

Race will start and finish at the Falls City Aquatic Center

Entry forms must be received by Monday, July 18th to receive an event t-shirt on race day

***Race Day Registration will be accepted* T-shirts will be mailed out on a later date.**

SWIM – 300 Meters

BIKE – 15 K

RUN – 5 K

“TRI” it as an Individual or “TRI” it as a Team of 3

Open to all individuals 15 years of age and older

Entry Fee - \$55* for Individual or \$135* per Relay Team

***Entry Fee - after Monday, June 27th - \$75 for Individual or \$165 per Relay Team**

Awards: All Triathletes will receive a Medal for Finishing

- Trophy for Overall Male and Female
- Medals for the Top 3 Finishers in each Age Division for both Male and Female
 - Team Medals for the Top 3 Relay Teams
 - Male and Female Age Divisions:

15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Packet Pick-Up – Friday, July 22nd at the Falls City Aquatic Center from 5:00-7:00 P.M.

Saturday, July 23rd – Check-In/Packet Pick-Up - 6:00 – 7:30 A.M.

Transition Area Opens at 6:00 A.M.

***Race Day Registration will be accepted until 7:30 A.M.**

***Event t-shirts will not be available to participants registering after July 18th or on race day.**

T-shirts will be ordered and mailed to participants registering after the cutoff dates.

For More Information or Request an Entry Form Contact:

Denise Daake at 402-297-0108

Email: fcactriathlon@gmail.com

A T-CHIP WILL TIME THE EVENT

Falls City Aquatic Center Sprint Triathlon

Saturday, July 23, 2016

6:00 A.M. - Transition Area Opens - 8:00 A.M. Start Time

7:45 A.M. - Pre-race meeting and final instructions

All forms must be received by Monday, July 18th to receive an event t-shirt on race day.

*Price Increase after Monday, June 27th - *Race day registration will be accepted.

*Event t-shirts will not be available to participants registering after July 18th, but will be ordered.

Challenge yourself to a Triathlon. Falls City Aquatic Center 2016 Sprint Triathlon will be Saturday, July 23rd at 8:00 A.M. The event is open to all individuals and teams of three 15 years old and older.

Swim 300 meters serpentine course in the Falls City Aquatic Center Pool, 15 K bike ride (helmets are required; no iPods or mp3s allowed on the bike course), and a 5 K run/walk (iPods and mp3s will be allowed on the run course). A T-CHIP will be used to time this event.

Entry Fee: \$55 for Individual or \$135 per Team (must be relay team of 3)

Entry Fee: \$75 for Individual or \$165 per Team (after Monday, June 27rd)

Individual Registration Form: (Entry Fees are non-refundable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email address: _____

Gender (circle one): F M Age on Race Day: _____ Birthday: _____
(MM/DD/Year)

T-Shirt Size: Small Medium Large X-Large

Swim order placed by fastest to slowest time: _____ minutes (actual or anticipated)

Relay Registration: ** Indicate if you will swim, bike or run on relay team below

Relay Team Name: _____

Relay Team Captain: _____

**I will: Swim _____ Bike _____ Run _____

*Relay Participants: ALL THREE entry forms for each team must be sent in together with ONE payment for the entire team. Please designate a team captain to receive correspondence.

Emergency Contact: _____ Phone _____

I hereby, for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, WAIVE, RELEASE and DISCHARGE from any and all liability for myself death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me as a result of my participation in the Falls City Aquatic Center Sprint Triathlon. The following persons of entities: All event sponsors, race directors, race staff, race volunteers, the City of Falls City, Richardson County, the State of Nebraska and its (their) office, officers, directors, employees, representatives & agents & event volunteers.

Signature: _____ Date: _____

(Signature of parent of guardian if under 18)

Make payment to: The Richardson Foundation

Send payment to: The Falls City Aquatic Center, 3002 N. Old Highway 73, Falls City, NE 68355

Contact: Denise Daake at 402-297-0108 or email: ffactriathlon@gmail.com