



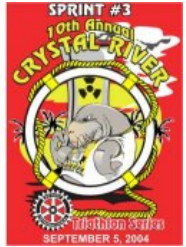
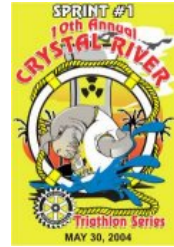
proudly presents the

Crystal River Triathlon Sprint Series Discount

Saturday, May 29, July 3, Sept. 4, 2010

Swim ¼ - Bike 15 - Run 3

6:30 am Registration & Packet Pick-up
7:30 am Race Start



Fort Island Gulf Beach - Crystal River, Florida
Take Hwy 44 West of US 19 (9 miles) to the beach

Awards (T-Shirts guaranteed to pre-registered only)
Overall Individual Male / Female
Overall Masters (40+) Male / Female
Clydesdale (Men 200+ lbs) & Athena (Women 150+ lbs)
Fat Tire, & Novice (1st Race)
Medals 3 Deep in 5 year Age Groups (14-under thru 85-up)

**Discounted Cost for all 3
*\$120.00
*Must be a USAT Athlete.**

REGISTER BEFORE APRIL 14, 2010

Contact: DRC Sports email: ifo@drcsports.com
Phone (352) 637-2475

USAT# _____

Valid USAT # REQUIRED for USAT Member Entry Fee

Make checks payable to: DRC Sports

Mail to: DRC Athletic Event Mgt.
P.O. Box 70
Inverness, FL 34451-0070

T-SHIRT SIZE () S () M () L () XL () *XXL
(*additional \$2)

NAME _____ AGE (ON 12/31/10) _____ SEX _____ DOB _____ / _____ / _____

ADDRESS _____ E-MAIL _____
(Used for updates and notify you of upcoming races)

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

INDIV__ CLYDE__ ATHENA__ FAT TIRE__ NOVICE__

CRTRI SPRINT SERIES RELEASE WAIVER: I understand that Entry Fees are **Non-Refundable & Non-Transferable**. In consideration of accepting this entry, 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 losses and damages I may have against DRC Sports, Christopher Moling, Citrus County Board of Commissioners, the sponsors of the race and/or officials of said event, law enforcement, fire dept, lifeguards, EMS, and their representatives, successors and assigns for any and all injuries suffered by men in said event. I attest and verify that I am physically fit and sufficiently trained for the competition of this event, and that a licensed medical doctor has verified my physical condition. I know that participating in this event is potentially a hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decisions of race officials relative to my ability to safely complete the course. I understand that I may be issued a timing chip for use during the event and that I am responsible for returning the chip after the event or agree to pay a replacement fee of \$30. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and conditions of the road. I understand that the course is open to vehicular traffic and will compete with due care. Further, I hereby grant full permission to any and all of the foregoing to use any email, photographs, videotapes, motion pictures, recording or any other record of this event for any purpose whatsoever.

SIGNATURE (Parent if under 18 years of age) _____ DATE _____
(Please use one application per person- All of the above must be filled out in order to race)

For Office Use Only

Method of Payment: Cash _____ Check # _____ Date Received: _____ Amt: _____ By: _____