



Proudly Presents

# JAX Triathlon Series

## Sprint #1

Saturday, June 19, 2010

6:00 am Registration & Packet Pick-up  
7:30 am Race Start

This event is limited to  
**500 participants**  
Register early to reserve

Main Beach Park, Fernandina Beach  
99 N. Fletcher Ave. Fernandina Beach, FL  
About 35 miles Northeast of Downtown Jacksonville  
(16.5 miles North of Little Talbot Island State Park)

**Swim .25 - Bike 10 - Run 3**

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 Tires (Mtn. Bike & Cruisers – NO SLICKS)
- Military (Currently in service or retired)
- Relay Teams (2-3 Members)

Novice (First Triathlon)

Medals 5 Deep in 5 year Age Groups (14-under thru 85-up)

Entry Fees are Non-Refundable & Non-Transferable.

Register on-line: [www.lmAthlete.com](http://www.lmAthlete.com)



Category	Pre-Registered (Recv. by May 24 <sup>th</sup> )		Late Registration (Recv. by June 16 <sup>th</sup> )		Day of Race Registration (If Available)	
	USAT	Non-USAT	USAT	Non-USAT	USAT	Non-USAT
Individual						
Clydesdale						
Athena	\$55	\$65	\$60	\$70	\$70	\$80
Fat Tire						
Novice						
Military						
Relay Teams	\$110	\$140	\$120	\$150	\$140	\$170

Information & Results  
[www.drcsports.com](http://www.drcsports.com)

Contact: DRC Sports  
Email: [info@drcsports.com](mailto:info@drcsports.com)  
Phone: (352) 637-2475

Valid USAT # REQUIRED for USAT Member Entry Fee – Non-USAT Entry Fee includes the \$10 for

Make checks payable to: **DRC Sports**

Mail to: DRC Athletic Event Mgt. **USAT#** \_\_\_\_\_ **Total Enclosed: \$** \_\_\_\_\_  
P.O. Box 70  
Inverness, FL 34451-0070 T-SHIRT SIZE ( ) S ( ) M ( ) L ( ) XL ( ) XXL is \$2 extra

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(ON 12/31/2010)

ADDRESS \_\_\_\_\_ E-MAIL (Optional) \_\_\_\_\_  
(Your email is used only for updating or notifying you of upcoming races)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

INDIV: CLYDE: ATHENA: MILITARY FAT TIRE: NOVICE: RELAY: RELAY TEAM NAME: \_\_\_\_\_

**JAXTRI SPRINT #1 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, the City of Fernandina Beach, Nassau County, the sponsors of the race and/or officials of said event, volunteers, town, police, lifeguard, fire department, and their representatives, successors and assigns for any and all injuries suffered by me 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 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 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 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** \_\_\_\_\_

(All of the above must be filled out in order to race - One application per person)

For Office Use Only

Method of Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Received: \_\_\_\_\_ Amt: \_\_\_\_\_ By: \_\_\_\_\_