



Proudly presents the

North Florida Olympic Triathlon

Swim 1.5k (.93 miles) - Bike 40k (24.8 miles) - Run 10k (6.2 miles)

Saturday, May 22nd, 2010

6:00 am Registration & Packet Pick-up

7:30 am Race Starts

Cherry Lake 4-H Camp Madison, FL

Located 15 miles from Valdosta, GA and 10 miles from Madison, FL

Take Hwy 53 North of US90 (10 miles) to the Camp

Awards (T-Shirts sizes guaranteed to pre-registered only)

Top 3 Overall Individual Male / Female

Overall Masters (40+) Male / Female

Clydesdale (Men 200+ lbs) & Athena (Women 150+ lbs)

Relay Teams, Military, & LEO/Fire/EMS Categories

Medals 3 Deep in 5 year Age Groups (14-under thru 85-up)

Register on-line: www.lmathlete.com

Entry Fees are Non-Refundable & Non-Transferable

Category	Pre-Registered (Recv. by May 1 st)		Late Registration (Recv. by May 19 th)		Day of Race Registration (If Available)	
	USAT	Non-USAT	USAT	Non-USAT	USAT	Non-USAT
Individual						
Clydesdale						
Athena	\$75	\$85	\$80	\$90	\$100	\$110
Military						
PSO						
Relay Teams	\$130	\$160	\$145	\$175	\$195	\$225



Information & Results

www.drcsports.com

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

Make checks payable to: **DRC Sports**

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

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 () _____

AGE GROUP: ___ CLYDE: ___ ATHENA: ___ MILITARY: ___ LEO/FIRE/EMS: ___ RELAY: ___ TEAM NAME: _____

North Florida Olympic Tri 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, Chris Moling, the University of Florida, Cherry Lake 4-H Camp, Madison 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 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. 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 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: _____