



2010 Tri for Wellness Winter Indoor Triathlon

10 Minute Swim - 20 Minute Bike Ride - 15 Minute Run

Space is limited to 48 participants for individual triathletes and 6 relay teams

Date: Saturday, February 27, 2010
Time: 7:30 a.m. until 12:00 noon
Location: The Wellness Center of URM
Costs: \$20.00 - Member**, \$30.00 - Non-Member**, \$40.00 - Relay

** (Add \$5.00 for Race-day registration ONLY IF SPACE IS AVAILABLE)

Wave times will be posted by February 25, 2010. Absolutely no changes or substitutions after wave times are posted. Please arrive 30 minutes prior to your scheduled wave time.

Volunteer for 2 hours and you will receive \$5.00 off registration fee.

YES! I'll volunteer for the following times:

7:00 - 9:00 a.m. 9:00 a.m. - 11:00 a.m. 11:00 a.m. - 1:00 p.m.

You may register for the race in person at the Wellness Center of URM or mail your check and registration form to:

The Wellness Center of URM
801 West Gordon Street
Thomaston, Georgia 30286

Make checks payable to: The Wellness Center of URM

Questions: Race Director: Michele Barber (706)647-4466 or mbarber@urmc.org

Name: Birth date / / Age:

Street Address: Sex: (Circle) M or F

City, State, Zip: Wellness Center Member? Yes No

Email: Phone No. ()

T-shirt size: S M L XL (Registration before 2/12 to guarantee t-shirt)

Preferred Wave Time: 7:30 - 8:45 or 9:10 - 10:25 - Wave requests will be assigned on a first come-first served basis. Please arrive 30 minutes before your scheduled wave time.

WAIVER OF LIABILITY

By signing this waiver I accept responsibility for the inherent hazards of my voluntary participation in the Wellness Center's Indoor Triathlon. I hereby waive and release any and all rights and claims for damages or injuries I may have against The Wellness Center of URM, URM, the race committee, sponsors, volunteers and representatives, for any and all injuries to me in this event. I also give my consent for the use of any photographs taken during this event for Wellness Center purposes.

Signature

Date

Parent Signature if under 18



RELAY REGISTRATION FORM

1. Name: _____ Birth date ____/____/____ Age: _____
 Street Address: _____ Sex: (Circle) M or F
 City, State, Zip: _____ Wellness Center Member? Yes No
 Email: _____ Phone No. (____) _____

T-shirt size: S M L XL (Registration before 2/12 to guarantee t-shirt)
 I will be participating in the: ____ Swim ____ Bike ____ Run
 portion of the triathlon.

2. Name: _____ Birth date ____/____/____ Age: _____
 Street Address: _____ Sex: (Circle) M or F
 City, State, Zip: _____ Wellness Center Member? Yes No
 Email: _____ Phone No. (____) _____

T-shirt size: S M L XL (Registration before 2/12 to guarantee t-shirt)
 I will be participating in the: ____ Swim ____ Bike ____ Run
 portion of the triathlon.

3. Name: _____ Birth date ____/____/____ Age: _____
 Street Address: _____ Sex: (Circle) M or F
 City, State, Zip: _____ Wellness Center Member? Yes No
 Email: _____ Phone No. (____) _____

T-shirt size: S M L XL (Registration before 2/12 to guarantee t-shirt)
 I will be participating in the: ____ Swim ____ Bike ____ Run
 portion of the triathlon.

Price: \$40.00 Per Relay Team

WAIVER OF LIABILITY

By signing this waiver I accept responsibility for the inherent hazards of my voluntary participation in the Wellness Center's Indoor Triathlon. I hereby waive and release any and all rights and claims for damages or injuries I may have against The Wellness Center of URM, URM, the race committee, sponsors, volunteers and representatives, for any and all injuries to me in this event. I also give my consent for the use of any photographs taken during this event for Wellness Center purposes.

1. _____
 Signature Date

 Parent Signature if under 18

2. _____
 Signature Date

 Parent Signature if under 18

3. _____
 Signature Date

 Parent Signature if under 18