

STOCKTON LAKE WILDLIFE CHALLENGE



TRIATHLON/DUATHLON

August 5th, 2018 | Stockton, MO

Event Website: www.stocktonlakemotri.com



EVENT DATE & TIME:

- Sunday, August 5th, 2018
- 5:00 AM: Check-In
- 7:00 AM: First wave starts
- 11:00 AM: Course closes

LOCATION:

- Stockton Lake, MO (1st beach)
- Parking located at Stockton High School football field (off S. Blake St)

REGISTER:

ONLINE:
www.stocktonlakemotri.com

MAIL:
SCF Triathlon
PO Box 105, Stockton, MO 65785



PACKET PICKUP:

- MUST SHOW PHOTO ID & USAT CARD (or one-day license)
- Fri., Aug. 3: 4-7PM, Fleet Feet Sports, 1254 Republic Rd. Springfield
- Sat., Aug. 4: 4-6PM, Wildlife Challenge Transition Area

Make checks payable to Stockton Lake Wildlife Challenge

DUATHLON

(5K run - 10.4 mile bike - 5K run)

****NO RACE DAY REGISTRATION****

ENTRY FEE

Prior to 4/30

5/1-7/25

7/26 - 8/4

Individual

\$50

\$60

\$70

Team

\$65

\$75

\$85

SPRINT

(500 meter swim - 10.4 mile bike - 5K run)

ENTRY FEE

Prior to 4/30

5/1-7/25

7/26 - 8/4

Individual

\$65

\$75

\$85

Team

\$125

\$140

\$155

OLYMPIC

(1000 meter swim - 20.8 mile bike - 10K run)

ENTRY FEE

Prior to 4/30

5/1-7/25

7/26 - 8/4

Individual

\$75

\$85

\$95

Team

\$170

\$185

\$200

If NOT a USAT member, you will need to purchase a one-day USAT license (add \$15.00 to entry fee)



US Army Corps
of Engineers®

Zumwalt
Pharmacy



August brings unpredictable weather, all efforts will be made to complete the race. Cancellations or postponements will be set forth by the race director, USACE and law enforcement officials. No refunds can be given.

REGISTRATION FORM

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Male Female Date of Birth: _____ Age on 8/5/2018: _____ *must be 14 years or older on race day*

Phone: _____ Email: _____

Course (check one): Duathlon Sprint Olympic

Racing as: Individual Team Team Name: _____

As a team member are you? (circle one) Running Biking Swimming

USAT member? YES NO If yes, USAT # _____ (must present USAT card at packet pick-up)

If no, check HERE _____ (add \$15 on entry fee for one-day USAT license)

Shirt Size (circle one): S. M. L. XL. XXL. XXL **register by July 10th to be guaranteed a t-shirt**

All participants read carefully and sign acknowledgement waiver & release from liability (AWRL). If under 18 years of age, parent or legal guardian must also sign.

I acknowledge that a triathlon/duathlon event is an extreme test of a person's physical and mental limits and carries with it a potential for death, serious injury, and property loss. I hereby assume the risks of participating in triathlons and duathlons. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional, understand that latex swim caps are provided. In consideration for allowing me to participate in this event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I agree to abide by the competitive rules adopted, including the medical control rules as they may be amended from time to time; (b) I agree that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity or area; (c) I waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may now or in the future arise out of or relate to my participation in this event. the following persons or entities: U.S. Army Corps of Engineers, event sponsors, Stockton Community Foundation, Community Foundation of the Ozarks, the race director and all committee members, event producers, presenters, sponsors, volunteers, all states, cities, countries, or localities in which events or segments of events are held and the officers, directors, employees, representatives, and agents of any of the above, even if such claims, losses, or liabilities are caused by negligent acts or omissions of the persons I am hereby releasing or are caused by the negligent acts or omissions of any other person or entity; (d) I acknowledge that there may be traffic, persons or animals on the course route and I assume the risk of running, biking, swimming or participating in this event. I also assume any and all other risks associated with participating in this event including but not limited to falls, contacts and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers, in any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph c or other persons or entities; (e) I agree not to sue any of the persons or entities mentioned above in paragraph c from any and all claims made or liabilities that I have waived, released, or discharged herein; (f) I indemnify and hold harmless the persons or entities mentioned above in paragraph c from any and all claims or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions and inactions or negligence of others including those parties hereby indemnified, (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted, (iv) the competitive rules, or (v) any other harm caused by an occurrence related to this event, and (g) if I do not return my timing chip/band by 12:00 noon the day of race, I will pay a \$75.00 loss fee to the Stockton Community Foundation upon receipt of notification (h) I grant permission for the use of my name and/or likeness relating to my participation in this event, and I waive all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness. I hereby affirm that I am eighteen (18) years of age or older, I have read this document, and I understand and agree to and abide by 100% of its contents.

For persons under 18 years of age, a parent or legal guardian must sign this form and complete the following section. The participant is under 18 years of age. I am the parent or legal guardian and have read and approved the registration section above. I hereby acknowledge that he/she has executed the foregoing AWRL for and on behalf of the minor named herein, as a natural or legal guardian of such minor, I hereby bind myself, the minor and executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agreed to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or the execution of this consent. I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical care facility (medical provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. Current parent/guardian must sign below and also sign AWRL above.

All proceeds benefit Stockton Community Foundation.

Signature: _____ Date: _____

Parent/Legal Guardian : _____

Note: ALL team members MUST have a registration & signed waiver form

may send ONE check with all 3 team member's registration forms in one envelope

AMOUNT ENCLOSED: \$ _____

Mail registration form & check to PO Box 105, Stockton, MO 65785

Event limited to first 200 athletes to register