



Stowe Triathlon

500M Pool Swim ~ 13.7 Mile Bike ~ 5K Run

Date: Sunday ~ June 7th, 2009
Time: 8:30 a.m. Start
Place: The Swimming Hole in Stowe, VT ~
75 Weeks Hill Road, just off the Mountain Road (Route 108)

Registration Fees:

\$52.50 ~ Individual

\$125 ~ Team of Two or Three

Registration Deadline:

Friday, 5/22 at 12:00 Noon to guarantee tee shirt

Final Entry Deadline Friday, at 12:00 Noon.

No Race Day Entries

Questions? Email cbrynn@theswimmingholestowe.com or call (802) 253-9229.
Registration fees are non-refundable. Check out our website at www.theswimmingholestowe.com for course maps & winning results from our last event.

Event Details:

7:00 - 8:00 am	Race Pack Pickup	<i>Registration Tent</i>
8:00 am	Race Meeting Check your heat number and lane	<i>Registration Tent</i>
8:30 am	START Pool Swim ~ 500M, Timed Heats Bike ~ 13.7 Miles, Pursuit Format (Each person will start at the exact time their swim time appears on the main race clock. The main clock will start 5 minutes after the last person exits the pool in the last heat. If you swam 9:38, then you'll 'start' when the main clock says 9:38) Run ~ 5K	<i>Front Door</i>

PRIZES:

CASH Prizes to First Male & Female Overall

Product Prizes to Top Team Finishers and 1st Place in Each Category

Product Prize to Fastest Male & Female Swimmer

Awards will follow shortly after the last finisher.

Brought to you by these great sponsors, and more...



Registration Form

Stowe Triathlon 2009

Mail completed application and payment postmarked by May 22nd to:
The Swimming Hole, 75 Weeks Hill Road, Stowe, Vermont 05672
or fax to (802) 253-9119 (copies accepted)

I am an individual entry ~ \$52.50

We are a Team Entry ~ \$125 Total

Each team member must complete this form and submit them together with their team-mates forms.

My event is the Swim Bike Run

Gender Male Female

Age 15-21 22-29 30-39 40-49 50-59 60+

Name: _____

Team Name (if applicable): _____

Tee Shirt Size: S M L XL

Address: _____

Phone: _____

Email: _____

Entry Deadline to receive tee shirt is 5/16 at Noon, No Entries Accepted past 5/30 at Noon.

500Meter Swim Time (approximate): _____ (Time will be used to seed swimmers.)

Conversion Formula: 500 Yard Swim Time _____ / .9049 = _____ Your 500 Meter Time

Payment: \$ _____ Check Enclosed Payable to The Swimming Hole

Visa MC Amex

Credit Card #: _____ exp _____/_____

Registration fees are non-refundable.

In case of emergency, please notify: _____ Phone _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

I wish to use the facilities and equipment and engage in activities at the Swimming Hole. I also wish to allow guests and my child or children and other minors to use the facilities and equipment and engage in activities. Use of the word "I" in this document means and includes me individually and as parent, guardian, or supervisor on behalf of such child or children, minor, or guest.

I am aware that using the facilities and equipment and engaging in activities at the Swimming Hole involve risks of injury, disability, and death by drowning and other causes. I hereby assume all risks and accept full responsibility for any such injury, disability, or death.

I attest that I am physically fit without any medical or health problems. I have arranged for medical insurance coverage and such life insurance as I deem necessary or advisable.

I hereby release and absolve the Swimming Hole and all employees, agents, officers, directors, and other persons involved in any way with the Swimming Hole from any and all liability for injury, disability, death, or other loss incurred by me or any such children, minors, or guests using the facilities and equipment and engaging in activities at the Swimming Hole, except that this release shall not apply to wilful malfeasance or intentional wrongdoing by the Swimming Hole. I covenant not to commence any lawsuit or take any other proceeding or action against the Swimming Hole or any employees, agents, officers, directors, and other persons for any such liability, each and all of whom I agree to indemnify and hold harmless from all costs and expenses, including reasonable attorney's fees, they may incur in the event any such lawsuit, proceeding, or action is taken.

I understand that by signing the Release of Liability, I am waiving substantial rights, and I do so voluntarily with full knowledge of the significance of this document.

Signature (Adult) _____ Date _____ Name _____

Signature (Minor) _____ Date _____ Name _____