

WOODLAKE



TRIATHLON

600 yd. Swim — 17.2 M Bike — 3 M Run

AND

DUATHLON

3 M Run — 17.2 M Bike — 3 M Run

SATURDAY, MAY 29, 2010

8:00 AM at WOODLAKE COUNTRY CLUB, Vass, NC

RACE INFORMATION

Register Early — Race will fill!

No Race Day Registration

RAIN OR SHINE — NO REFUNDS

- COST:** Same for Triathlon and Duathlon
\$35.00 *prior to May 7*
\$45.00 *May 8 thru May 28*
\$75.00 *Triathlon Team Entries (male, female & mixed)*
After May 7 — \$90 per team
\$50.00 *Duathlon Team Entries (male, female & mixed)*
After May 7 — \$65 per team
DUATHLON TEAMS — 2 PERSON TEAMS ONLY!
- FIELD:** Limited to the first 300 entries — plus teams
- WHERE:** Woodlake Country Club, Vass, North Carolina
(Between Sanford and Southern Pines, just East of Rt. 1 at Vass, NC)
- CHECK-IN:** 6:30 - 7:30 AM Race Day — 8:00 AM Race Start
- EARLY PACKET PICK-UP:** Friday, May 28 — between 12:00 - 4:00 PM
401 Riverbirch Drive, Woodlake
- ADDITIONAL INFORMATION:** www.woodlaketriathlon.com

DIVISIONS/AWARDS

Medals to all finishers

Competitive categories for both male and female triathletes & duathletes are:

14-19, 20-24, 25-29, 30-34, 35-39, 40-44,
45-49, 50-54, 55-59, 60-64, 65-69, & 70⁺

AWARDS: TRIATHLON & DUATHLON

Overall Male and Female
First Place Military (Male and Female)
Three (3) deep in each age group
Three (3) deep in each team category

YOU MAY RACE IN ONLY ONE CATEGORY

**Raffle to be held after the race.
You must be present to win!**

Results will be posted on:

www.offnrunningsports.com
www.woodlaketriathlon.com

WOODLAKE TRIATHLON/DUATHLON ENTRY FORM AND WAIVER

Name _____ Male _____ Female _____ Age on Race Day _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____ Member of the Military Yes _____ No _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Race Category: Triathlon _____ Duathlon _____ Triathlon Team _____ Duathlon Team _____

Team entries must be mailed together

Make checks out to the WOODLAKE TRIATHLON and send to PO Box 296, Vass, NC 28394

"I have read and agree with the waiver associated with this entry form."

Signature _____ Date _____

Parent or Guardian _____

WOODLAKETRIATHLON
PO Box 296, Vass, NC 28394



WOODLAKE

RACE HEADQUARTERS

**2010 Schedule of Events
Saturday, May 29**

6:30 - 7:30 AM Check-in

8:00 AM Race Begins

DIRECTIONS

From the North: Route 1 South. Take exit for Route 690. At stop sign make a left and go approximately 5 miles to BP service station; turn left onto McLaughlin Road; about 1/2 mile on right will be the entrance to Woodlake.

From the South: Route 1 North. Take exit for Route 690. At stop sign make a right and go approximately 5 miles to BP service station; turn left onto McLaughlin Road; about 1/2 mile on right will be the entrance to Woodlake.

From Fayetteville (Ft. Bragg): Take Route 87 N. through Spring Lake. One block past Manchester Rd.; at traffic light turn left onto Vass Road (opposite gas station). Stay on Vass Road until you see the BP station on your right. Turn right onto McLaughlin Road; about 1/2 mile on right will be the entrance to Woodlake.

ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY

ALL ATHLETES MUST READ CAREFULLY AND SIGN

I acknowledge that a Triathlon and Duathlon is an extreme test of a person's physical and mental capabilities and carries with it the potential for death, serious injury, and property loss. **I hereby assume the risks of participating in the Woodlake Triathlon or Duathlon.** I certify that I am physically fit, have sufficiently trained for this event, and have not been advised otherwise by a qualified medical person. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and the assigns as follows. I waive, release, and discharge from any and all liability for my death disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me as a result of my participation in this event or traveling to or from this event, the following persons or entities: All Sponsors, Event Producers, Race Directors and Staff, Event Volunteers, All States, Cities, Counties, or Localities in which this event or any segment of this event is held, and the Officers, Directors, Employees, Representatives, and Agents of any of the above. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during the event, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Event Producers and Sponsors. I certify that I am at least 18 years of age and have read and understand the above.