

Hammerhead Olympic & Sprint Triathlon

Sunday, August 25, 2024

Race Day Schedule:

6:00 am -7:00 am – Packet Pickup
7:30 am – First Wave Start

Race Location:

Camp Blanding
5629 State Road 16 West
Bldg 2300 Avenue A
Starke, FL 32091



Packet Pick Up:

Saturday, August 24th

TBD

Sunday, August 25th

6:00am - 7:15am @ Race Site - Camp Blanding

Entry Fee (Non-Refundable & Non-Transferrable)

Registration closes Wednesday, August 21, 2024

(June 1 – July 7)

Early Registration	Sprint	Olympic
Individual	\$90	\$130
Relay Team	\$180	\$260

(July 8 – August 11)

Registration	Sprint	Olympic
Individual	\$100	\$150
Relay Team	\$200	\$300

(August 12 – August 21)

Late Registration	Sprint	Olympic
Individual	\$110	\$170
Relay Team	\$220	\$340

****Valid USAT# required for race participation. Non-USAT members must Pay \$60 annual membership (Silver Membership) OR an additional \$13 for Sprint / \$18 for Olympic. (One-Day Membership/License)**

Awards:

CASH PRIZE for Tri Club with MOST Participation!

Medals 3 deep in:

- Individual Age Group (14 & under to 85 & up)
- Clydesdale (Men 220+ lbs.)
- Athena (Women 165+ lbs.)
- Novice (First Triathlon – Sprint Only)
- Uniform/Military (LEO/Fire/EMS)
- Relay Teams (2-3 Members)
- Physically Challenged
- Aquabike
- Duathlon

For More Information Contact:

DRC Sports ; PO Box 70, Inverness, FL 34451

Tel: (352) 637-2475

E-mail: info@drcsports.com

www.HammerheadOlympicTriathlon.com

www.DRCsports.com

Hammerhead Olympic & Sprint Triathlon

Enter me in the: () Olympic () Sprint

() Age Group

() Novice (Sprint Only)

() Clydesdale/Athena

() Military/LEO/Fire/EMS

() Duathlon

() Aquabike

() Physically Challenged

() Relay Team Name: _____

Tri-Club Member: Yes No

Club Name: _____

T-Shirt Size:

() S () M () L () XL () XXL is \$3 extra

USAT #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Your email is used only for updating or notifying you of upcoming races

Age: _____ DOB: _____ Gender: _____

On Dec 31st

Contact #: _____

Emergency Contact: _____

Emergency #: _____

Make Checks Payable and Mail To:

DRC Sports

PO Box 70

Inverness, FL 34451

ABSOLUTELY NO REFUNDS OR TRANSFERS FOR ANY REASON

Your signature confirms that you have read and agreed to the terms of release on page 2.

Signature: _____ Date: _____

Method of payment: _____ Date Rcv'd: _____ By: _____



ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

SIGNATURE AND DATE REQUIRED

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS.** 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. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon (“USAT”) in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, 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 by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (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; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event. **THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE 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 or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and 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 persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys’ fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned 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 THE ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY ON THE REVERSE, AND I UNDERSTAND ITS CONTENT.

PRINT NAME: _____ **SIGNATURE** _____ **DATE** _____

Parent/Guardian if under 18 Relationship to Minor _____

PERSONS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION.

The undersigned _____ (parent/guardian) the parent and natural guardian of _____ (minor’s name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our 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 agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made or liabilities accessed 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 in the execution of this consent and authorization for medical treatment. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health 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 any event sanctioned by the USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider 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 unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as the result of any medical treatment.