**Energy Wellness Self Pace Triathlon**

**Divisions Include:**

* **Ultra Ironman** (Double) – 10.4-mile row, 52-mile run/walk, 220-mile bike
* **Iron Man** – 5.2-mile row, 26-mile run/walk, 110-mile bike
* **Tinman** – 3-mile row, 13-mile run/wall, 55-mile bike
* **Olympic** -- 2-mile row, 6.2-mile run/walk, 24-mile bike
* **Sprint** – 1500-meter row, 3.1-mile run, 12.4-mile bike

**Event Description:**

 -$**30.00 Entry Fee (all proceeds go towards our Park Projects)**

 **-Triathlon runs October 7th – November 15th.**

-Competitors will choose which category they would like to compete in with 40 days to reach their triathlon goal.

-Competitors will be asked to record their results on a daily basis at the Energy Wellness Center.

-We will rely completely on the honor system for all competitors when recording their mileage

Totals

-Mileage may be accumulated indoors or outdoors

-All competitors that reach their goal by the end of the event will receive a t-shirt and medal.

**For more information contact the Energy Wellness Center at (701)873-5852**

**2019 Self-Paced Triathlon**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shirt Size:** Small Medium Large X-Large XX-Large

**Circle Division:**

 Ultra Iron Man Iron Man Tin man Olympic Sprint

IN CONSIDERATION OF YOUR ACCEPTION ENTRY, I hereby, for myself, my heirs, and administrators, waive and release any and all rights and claims for damages I may have against the Beulah Park District and co-sponsors, their agents, representatives, successors, and assigners for any and all injuries by me at this event.

 FOR COMPETITORS UNDER THE AGE OF 18: I, the undersigned parent or legal guardian of the competitor, hereby approve and confirm the waiver and release.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If under 18 Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_