

**OWENEGO BEACH
& TENNIS CLUB**

V.F. McNeil
INSURANCE
Since 1886

**FAUZIO &
ASSOCIATES**

**GATEWAY
TERMINAL**

Wallingford Printing
CRF SOLUTIONS

Jack Kelley, M.D.

Zane's
CYCLES

presents

**The 10th Annual
HAMMERFEST TRIATHLON**

To Benefit



**THE MYELIN
PROJECT**

Sunday, September 17, 2006 ~ Starts 7:30 am

Owenego Beach Club, Branford, Connecticut

1/2 mi. Swim > 13.5 mi. Bike > 3.9 mi. Run

2006 USA Triathlon Sanctioned

Field limited to 300

**In honor of our 10th Year, we will give a hooded sweatshirt (in lieu of a tee-shirt)
to anyone whose registration is received before September 1, 2006**

Chip Timing ~ Age Group Awards ~ Overall Award for 1, 2, 3 Male and Female

For more information: www.hammerfesttriathlon.com

(DETACH AND MAIL)

ANNUAL HAMMERFEST TRIATHLON FESTIVAL - Triathlon Division Application

Make check payable to: "The Hammerfest Triathlon Festival". Mail to: Race Productions LLC, 234 Church St., Suite 1001, New Haven, CT 06510

Last Name		First Name		Initial	
Street Address		AGE ON DEC. 31, 2006		M	F
City		State	Zip Code	Date of Birth	
Area Code / Home Phone		USA Triathlon Number		Exp. Date	
E-mail Address		Chip # (if you have your own chip)			
If Relay Team Member, Name of Team		Names or Other Team Members			

I AM ENCLOSING A CHECK FOR (See Entry Fees):

USA Triathlon / Individual _____
 NON USA Triathlon / Individual _____
 USA Triathlon / Relay _____
 NON USA Triathlon / Relay _____

Entry Fees

USA Triathlon / IND _____
 NON USA Tri / IND _____
 USA Triathlon / Relay _____
 NON / USA Tri / Relay _____

Before
Sept. 1st
\$65
\$75
\$90
\$120

On/After
Sept. 1st
\$75
\$85
\$105
\$135

Race
Day
\$75
\$85
\$105
\$135

Please indicate T-shirt size: M L XL

All Relays must have USA license

**PRE-RACE INSTRUCTIONS
FOR SUNDAY SEPT. 17, 2006; 7:30 AM START**

AM ARRIVAL: Please refer to our website www.race-productions.com the week prior to the race for availability of Saturday check-in. All athletes must proceed to the registration desk. There will be two tables one for pre-registered athletes and one for race day applicants. Body marking will be performed next to registration. Registration will be open at 5:45 AM. This race will go off promptly at 7:30 AM.

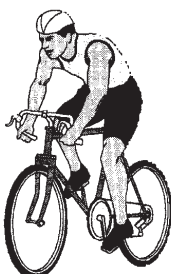
TIMING CHIPS: Timing chips must be worn around your ankle in order to insure proper recording of your split times.



SWIM: All swimmers must wear the correct color swim caps issued at registration. There will be three or four swim waves starting about 3 minutes apart. If you have a problem during the swim, wave your hand and the nearest lifeguard will provide assistance.

SWIM WAVE: Swim waves will be determined by age.

BIKE: THE BIKE COURSE IS A DOUBLE LOOP. The distance listed on the application is approximate. USA Triathlon approved helmets are mandatory and must be fastened before mounting your bike and remain fastened until you have dismounted. Any violation of this rule will result in disqualification. The bike course is fairly flat and very fast with few turns. **THE BIKE COURSE IS A DOUBLE LOOP.** Absolutely NO DRAFTING!!! Violators are subject to disqualification. Officials will be marshalling the course and penalties will be assessed. No crossing the centerline of the road. The road will be open to traffic. There will be police at



major intersections and volunteers along the remainder of the bike route. All athletes must obey the Police and course monitors. **THERE WILL BE NO RIDING IN THE TRANSITION AREA; THIS WILL BE ENFORCED.**

RUN: Leaving Owenego Beach Club runners will be directed left into the Pawson Park Area of Branford. All runners must wear their numbers on the front of their bodies. Water will be available at the transition area and at two points on the run course. The run course is flat and fast.

INSTRUCTIONS FOR RELAY TEAMS: All relay teams will be located in one area of the transition area. Team members must wait for their teammates by their assigned bike rack. Upon completion of the swim, the swimmer must transfer the team's timing chip to the biker at the assigned bike rack. Upon completion of the bike, the biker must transfer the team's timing chip to the runner at the assigned bike rack. A relay team may have two or three members. The Team's runner must wear the printed bib number.

TIME: 7:30 AM

DISTANCES: (Approximate) 1/2 mi swim - 13.5 mi bike - 4 mi. run

LOCATION: Owenego Beach Club, Branford, CT

DIRECTIONS: From I-95 North or South; take exit 54. If coming from New Haven, turn right at the end of the ramp. If coming from New London, turn left at ramp's end. Follow Cedar Street to Main Street. Turn left onto Main Street. Follow Main Street to end of town green. At end of green, take right onto Montowese Street. Follow Montowese Street for approximately two miles until you see Lenny's Indian Head Restaurant on your right-hand side. Just beyond Lenny's, bear right onto Linden Avenue. In approximately 1/4 miles, on the left-hand side, you will find the pillared entrance to Owenego.

STANDARD ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY

ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL). I acknowledge that a triathlon 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 THIS TRIATHLON. I understand the inherent dangers of swimming in open water. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon in consideration for allowing me to become a member in USA Triathlon and are being relied upon by USA Triathlon and the various race sponsors, organizers, and administrators in permitting me to participate in any USA Triathlon sanctioned event.

In consideration for allowing me to become a member in USA Triathlon and allowing me to participate in USA Triathlon sanctioned vents, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assign: a) I AGREE to abide by the Competitive rule adopted by USA Triathlon, including the Medical 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 WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft, or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from a USA Triathlon sanctioned event, THE FOLLOWING PERSON OR ENTITIES: USA Triathlon, event sponsors, race director event producers, volunteers, all states, cities, counties or localities in which event or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and d) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my action during a USA sanctioned event.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Printed Name _____ Signature _____ Date _____

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

The undersigned, (parent/guardian) the part and natural or legal guardian of (minors name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor and our executors, administrators heirs, next of kin, successors, and assigns to the term of the foregoing AWRL. I represent that I have the legal capacity and authority to act for an don 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 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 in the execution of the Consent.

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 USA Triathlon. I authorize any such medical provider to perform all procedures 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 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 myself and said minor.

I acknowledge that to warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign AWRL above.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____

Relationship to Minor _____ Date _____ Signature of Participant _____ Date _____