

Black River Coliseum Triathlon

(BRC Tri)

April 22, 2018 9:00am

Indoor Pool Serpentine Swim-300 yards Bike-15.5 Run-3.88

Men & Women

0-19 35-39
 20-24 40-44
 25-29 45-49
 30-34 50-54
 55 & older

Relay Team Divisions

Awards go to top 3 in each division
 All pre-register participants get a t-shirt.

Fees

Early Registration (postmarked by March 31, 2018)
 Registration (March 31, -April 14, 2018)
 Late Registration (April 14-20)
 Day of Registration April 22
 (Day of race registration: 7:00am-8:00am)

IND.

\$35.00
 \$45.00
 \$50.00
 \$55.00

TEAM

\$55.00
 \$60.00
 \$65.00
 \$70.00

Total Amount Included

****No fees will be refunded under any circumstances.**

*Age by December 31, 2018

****MUST BRING PICTURE ID AND Bicycle Helmet!****

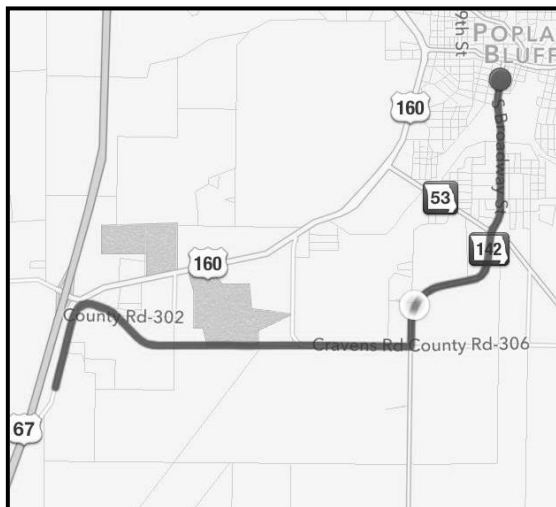
Make checks payable to Black River Coliseum Aquatic and Fitness.

Mail entry form to: BRC Tri 301 south 5th st. Poplar Bluff MO 63901.

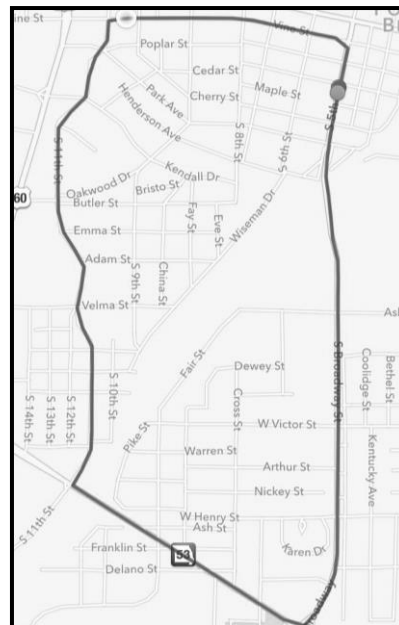
For more information call (573) 686-8009 (email: heather@blackrivercoliseum.com)

Packet Pick up times: Friday April 20, 2018 4pm-6pm, Day of event 7:00 am-8:30am

Bike course (out and back)



Run Course



Black River Coliseum Triathlon 2018 Form

INDIVIDUAL ONLY COMPLETE BELOW: DIVISION: (CIRCLE ONE) MEN WOMEN

Best Swim Time: _____

Name _____ Phone _____ DOB _____ Age _____
Email Address: _____ T-Shirt Size _____
Address _____ City _____ State/Zip _____

Liability Waiver: In consideration of the foregoing, I for myself, executors, administrators and assignees, do hereby release and discharge the Black River Coliseum Aquatic and Fitness Center and all co-sponsors from all claims of damage, demands, cause of action whatsoever, in any matter arising out of my participation in this triathlon. Furthermore, I understand that this event is extremely physically demanding, and am in proper condition to participate.

Signature of Individual: _____ Date: _____

All Participants must wear a **Bicycle Helmet when participating in the riding section of event**

****No fees will be refunded under any circumstances.**

Register by completing and turning in this form. If you or your team expects to finish in 2 ½ hours or more.

Please check here

**Team Division
2 or 3 person Teams Accepted**

TEAM COMPLETE BELOW:

Team Division:

*Each team member must fill out entry form completely and sign the waiver before participating.

Swimmer Name _____ Phone _____ T- Shirt Size _____ Best Swim Time: _____
Address _____ City _____ State/Zip _____

Biker Name _____ Phone _____ T- Shirt Size _____
Address _____ City _____ State/Zip _____

Runner Name _____ Phone _____ T- Shirt Size _____
Address _____ City _____ State/Zip _____

Liability Waiver: In consideration of the foregoing, I for myself, executors, administrators and assignees, do hereby release and discharge the Black River Coliseum Aquatic and Fitness Center and all co-sponsors from all claims of damage, demands, cause of action whatsoever, in any matter arising out of my participation in this triathlon. Furthermore, I understand that this event is extremely physically demanding, and am in proper condition to participate.

Signature of Swimmer or Individual: _____ Date: _____

Signature of Biker: _____ Date: _____

Signature of Runner _____ Date: _____

****No fees will be refunded under any circumstances.**