



Re*Imagine Medical Lake Founders Day Presents:

34th Annual Trailblazer Triathlon/Duathlon/5k

Saturday • June 15th • 1:00pm

Coney Island Park, Lake & Jefferson, Medical Lake, WA

TRI & DU: \$55 Individual / \$75 Team • 5K: \$15

Note: t-shirts additional \$20



Contact: Amanda (509)979-0158 • amanda@medicallake.org

Description: This come-back race is growing like crazy! A perfect race for first timers and seasoned triathletes. This sprint distance tri consists of a 350 meter straight-shot swim, followed by a 12.2 mile bike ride on paved roads, ending with a 2.92 mile run around the historic Medical Lake Trail. Duathlon racers begin with a One-mile run, 12.2 mi bike, and finish with a 2.92mi run on the Medical Lake Trail. The race is a mass start with a single transition area, perfect for spectators. Water aid stations will be located at transition, every 1-1.5 miles on the run, and at the finish line. Participants are responsible to provide their own nutrition and are responsible for knowing the course. Plenty of food and fun family activities happening all day. All races start at Coney Island Park.

* Individual or Team (TRI/DU-2 or 3 participants)

*First Name:	*Last Name:	*Date of Birth:	*Age on Race Day:	M	F
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Team Name (if applicable): _____

*Address: _____ *City: _____ *State: _____ *Zip Code: _____

*Phone: _____ *Email Address: _____ *please print clearly*

**T-Shirts sold separately and should be purchased in advance. A small number of T-shirts may be available on race-day but there is no guarantee on size and availability.

Packet pick-up Friday, June 14, 2019 from 9:00am – 3:00pm at Snap Fitness 207 WA-902, Medical Lake, WA 99022 or on race day between 11:00am and Noon at Coney Island Park. Online registrations close at midnight Thursday, June 13, 2018. Mail in registrations must be **received** no later than June 13, 2019.

*TRI/DUE Individual Entry Fee:	\$	55.00 x _____ = _____	
TRI/DUE Team Entry Fee:		75.00	
5K Individual Entry Fee:		15.00 x _____ = _____	
T-Shirt each (optional):	20.00 x _____ = _____	Sizes Mens: <u> </u> S <u> </u> M <u> </u> L <u> </u> XLG <u> </u> XXLG (enter number)	
Total:	\$ _____	Wms: <u> </u> S <u> </u> M <u> </u> L <u> </u> XLG <u> </u> XXLG (enter number)	

Late/day of race fee: Additional \$ 10.00 ** No late teams

Parental or guardian waiver required for all events for children under 16 years of age.



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* **Release, Hold Harmless and Agreement not to Sue:** I fully understand that my/my child’s participation in the Founder’s Day Trailblazer Triathlon (hereinafter “event”) exposes me/my child to the risk of personnel injury, death or damage to or loss of personal property. I hereby acknowledge that I am voluntarily participating/allowing my child to participate in this event and agree to assume any and all such risk.

Children participating in the **Triathlon under the age of 16** will be required to have a parent/guardian escort during the entirety of the event and the parent/guardian assumes all associated risk. **No age restrictions for Duathlon or 5K.**

I hereby release, discharge and agree not to sue the Founder’s Day Committee, the City of Medical Lake, Re*Imagine Medical Lake, and/or any organization associated with the event for any injury, death or damage to or loss of personal property arising out of, or in connection with my participation in the event from whatever cause, including the active or passive negligence of Founder’s Day Committee, the City of Medical Lake, and Re*Imagine Medical Lake, or any participant volunteers in the event.

In consideration for me and/or my child being permitted to participate in the event, I hereby agree, for myself and/or my child, my and my child’s heirs, administrators, executors and assigns that I shall indemnify and hold harmless the Founder’s day Committee, the City of Medical Lake, Re*Imagine Medical Lake, and all other participating organizations from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event.

I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign of my own free will. I agree that pictures and images taken during the event may be used for future promotional purposes.

* **My typed signature counts as my legal signature (online registrations only):**

*Participant’s Signature: _____

Parent/Guardian Signature: _____

*Signed at _____, on _____ day of _____ 20__.

*Required Fields **Important Notes