

COURSE DESCRIPTION

Our Host Lodging.

The comfortable and affordable

Thriftlodge

328-4436

Olympic

Swim 1500 m

Max Bell Aquatic Centre, University of Lethbridge (50 m swimming lane)

Bike 40 km

A fast, flat out and back.

Run 10 km

A challenging run from the university down into the river valley and across Whoop Up Bridge with a real "character" hill near the finish.

Sprint

Swim 500 m

Max Bell Aquatic Centre, University of Lethbridge (50 m swimming lane)

Bike 20 km

A fast, flat out and back.

Run 5 km

A challenging run from the university down into the river valley and across Whoop Up Bridge with a real "character" hill near the finish.

RACE PACKAGE PICKUP

Saturday May 8, 2004 • 9:30 am - 5:00 pm

Runners Soul 2646 S. Parkside Dr.

Lethbridge AB T1K 0C4 (403) 327-2241

Sunday May 9, 2004 • 7:00 am - 8:00 am (out of towners only please)
at the University of Lethbridge

FOR INFO

(403) 327-2241 phone

or check out our website: www.runnersoul.com

(Entry can be downloaded from the website!)

To confirm entry check the website: www.runnersoul.com

NO CANCELLATIONS OR REFUNDS

(even for darn good reasons!)

\$50.00/per person Teams \$120.00 (max 10 teams per event)

Note: Entry Deadline April 24/04

Late Fees

\$65.00/per person

Make cheque or money order payable to Runners Soul. Out of town entries should be sent to:

Runners Soul 2646 S. Parkside Dr.

Lethbridge AB T1K 0C4 (403) 327-2241

PowerBar

WESBRIDGE

CONSTRUCTION LIMITED

Holmes
ECOWATER



INDIVIDUAL ENTRY FORM

Name _____

Sex Male Female

Address _____

City _____ Province _____ Postal Code _____

Ph# _____ Business # _____

Email Address _____

Date of Birth _____ Age as of May 9, 2004 _____

Event Sprint _____ Olympic _____

Est. Swim time 1500m(Olympic) _____ min.

Est. Swim time 500m(Sprint) _____ min.

Category

Male: 16-19, 20-29, 30-39, 40-49, 50-59, 60+

Female: 16-19, 20-29, 30-39, 40-49, 50-59, 60+

Is this your first Triathlon? Yes _____ No _____

Do you wish the medical personnel of the Runners Soul Triathlon to be aware of any specific medical problems? _____



OFFICE USE ONLY

TEAM ENTRY

Choose Event Olympic _____ Sprint _____

Swimmer name _____ shirt size _____

Est. Swim time 1500m _____ min.

Est. Swim time 500m _____ min.

Bike rider name _____ shirt size _____

Runner name _____ shirt size _____

Team contact name _____

Address _____

City _____ Province _____ Postal Code _____

Ph# _____ Business # _____

(Please fill out back page)

Information will be used to assist finish line announcer.

CAN YOU TAKE A FEW MINUTES TO COMPLETE THE FOLLOWING?

Age _____

How many previous Triathlons have you done _____

Occupation/School attending _____

Are you planning to compete in any other Triathlons or endurance events this year?

If so what _____

Other past accomplishments _____

Challenges you've overcome to train and compete _____

Future athletic goals _____

What is your goal in this triathlon? _____

AGREEMENT AND ACKNOWLEDGEMENT OF RISK

I hereby agree to comply with all the rules and regulations and event instructions of the Runners Soul Triathlon and its directors.

I hereby consent to receive medical treatment deemed advisable in the event of injury, accident and illness during the Runners Soul Triathlon event.

I hereby agree that my entry fee will be non-refundable.

In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against Runner's Soul and any and all participation race sponsors and supporters and directors, officers, employees and agents of such parties, for any and all injuries in any manner arising or resulting from my participating in said race. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race.

Printed or typed signature

Signature

2nd Team printed or typed signature

Signature

3rd Team printed or typed signature

Signature

Signature of parent/guardian if entrant under 18 years:

Date:

I, the parent/legal guardian of the named competitor hereby certify that I have read and agree to be bound by the terms of the above waiver on behalf of said competitor.