

**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.

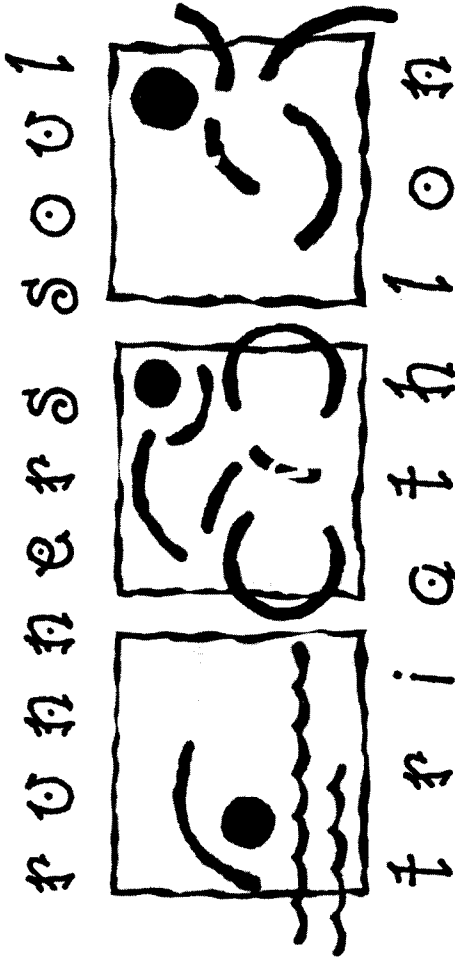
Printed or typed signature \_\_\_\_\_ Signature \_\_\_\_\_

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.



2002  
Lethbridge, Alberta

Sunday May 12, 2002 • 9:00 a.m. • U of L  
Lethbridge, Alberta

Olympic Distance Course  
And  
Sprint Distance

Limited to 96 participants per event!

Entry Deadline: May 3, 2002  
(or when each event is full)

Results will be posted on our website following the race  
www.runnersoul.com



# COURSE DESCRIPTION

**Our Host Lodging.**  
The comfortable and affordable



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 11, 2002 • 9:30 am - 5:00 pm  
Runners Soul 2646 S. Parkside Dr.  
Lethbridge AB T1K 0C4 (403) 327-2241  
Sunday May 12, 2002 • 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](http://www.runnersoul.com)  
(Entry can be downloaded from the website!)  
To confirm entry check the website: [www.runnersoul.com](http://www.runnersoul.com)

**NO CANCELLATIONS OR REFUNDS**  
(even for darn good reasons!)

\$38.00/per person Teams \$72.00 (max 10 teams per event)  
**Note: Entry Deadline May 3102**

Late Fees  
\$50.00/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

# INDIVIDUAL ENTRY FORM

Name \_\_\_\_\_ Sex M F

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

PH# \_\_\_\_\_ Business # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of May 12, 2002 \_\_\_\_\_

Event  Sprint  Olympic

Est. Swim time 1500m(Olympic) \_\_\_\_\_ min. Note: all solo participants will receive a Saucorny tri bag (retail value \$50.00). Team participants will receive the commemorative short sleeve - 3 button henley shirt (in other words... not a T-shirt).

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.

