



Steve Kirby ~ Race Director
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4.8 mile swim
 224 mile bike
 52.4 mile run
 October 5-8, 2017
 Lake Anna State Park, VA



7.2 mile swim
 336 mile bike
 78.6 mile run
 October 4-8, 2017
 Lake Anna State Park, VA

TEAM APPLICATION FORM

	Double	Triple
Entry fee:	2 Pers/3 Pers	2 Pers/3 Pers
Postmarked by July 6th, 2017	\$770/\$870	\$940/\$1040
Postmarked by August 8th, 2017	\$810/\$910	\$980/\$1080
Application Deadline Sep 8th 2017	\$850/\$950	\$1020/\$1120
PLEASE TYPE OR PRINT LEGIBLY		

Please fill out both sides of this form and return with payment. TYPE OR PRINT LEGIBLY

Please pay by check, money order or PayPal (U.S. funds only) payable to: **Steve Kirby**

For Women: we try and get both T-Shirt and the Long Sleeve Technical Shirt in a woman's cut, please mark your size appropriately.

Team Name _____

Swimmer or First Athlete

		T-Shirt Size		S	M	L	XL	XXL
		Tech Shirt Size		S	M	L	XL	XXL
First Name	Last Name	Sex (M/F)						
Address				City				
State	Zip Code	Country	Date of Birth (mm/dd/yy)	Age on Race Day				
Home Phone	Work Phone	Cell Phone	E - mail					
Emergency Contact		Emergency Phone			USAT#			

Photo
 Please email a digital copy of a race related picture of you! Make it a larger digital file.
 Also, send a goofy, funny head shot for the timing computer.

Biker or Second Athlete

		T-Shirt Size		S	M	L	XL	XXL
		Tech Shirt Size		S	M	L	XL	XXL
First Name	Last Name	Sex (M/F)						
Address				City				
State	Zip Code	Country	Date of Birth (mm/dd/yy)	Age on Race Day				
Home Phone	Work Phone	Cell Phone	E - mail					
Emergency Contact		Emergency Phone			USAT#			

Photo

Runner or Third Athlete

		T-Shirt Size		S	M	L	XL	XXL
		Tech Shirt Size		S	M	L	XL	XXL
First Name	Last Name	Sex (M/F)						
Address				City				
State	Zip Code	Country	Date of Birth (mm/dd/yy)	Age on Race Day				
Home Phone	Work Phone	Cell Phone	E - mail					
Emergency Contact		Emergency Phone			USAT#			

Photo

Application for Team Event - MEDICAL QUESTIONNAIRE

Please fill out both sides of this form and return with payment

First Athlete

- YES NO Do you have any current or recurrent medical problems for which you are being seen by a doctor?
 YES NO Are you on any medication?
 YES NO Are you allergic to any medication?
 YES NO Are you hypersensitive to insect stings?

Comments: _____

Second Athlete

- YES NO Do you have any current or recurrent medical problems for which you are being seen by a doctor?
 YES NO Are you on any medication?
 YES NO Are you allergic to any medication?
 YES NO Are you hypersensitive to insect stings?

Comments: _____

Third Athlete

- YES NO Do you have any current or recurrent medical problems for which you are being seen by a doctor?
 YES NO Are you on any medication?
 YES NO Are you allergic to any medication?
 YES NO Are you hypersensitive to insect stings?

Comments: _____

WAIVER, RELEASE AND INDEMNIFICATION STATEMENT

In consideration of being allowed to participate in any way in the Virginia Double/Triple ANVIL Triathlon, related events and activities, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the Virginia Double/Triple ANVIL Triathlon is significant and includes, but is not limited to, the following; drowning, near-drowning, sprains, strains, fractures, heat and cold injuries, over-use syndrome, injuries involving vehicles, animal bites and stings, contact with poisonous plants, accidents involving, but not limited to; swimming, biking, running, or other convenience, and the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation to the fullest extent of the law.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Steve Kirby, USAUltraTri LLC, and the Virginia Double/Triple ANVIL Triathlon; their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I further state that I am in proper physical condition to participate in this event and am over 21 years of age.
6. The Releasees reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the releasees which might affect the health or safety of the participants. No refunds will be granted.
7. I grant permission for the use of my name and or likeness related to my participation in the Virginia Double/Triple ANVIL Triathlon conducted by Steve Kirby. I also grant the use of my voice and any and all recorded and or filmed/video/photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.
8. Steve Kirby, USAUltraTri LLC, and the Virginia Double/Triple ANVIL Triathlon does not accept responsibility for refunds for cancellations in the event of natural or national emergencies. Natural emergencies may include, but are not limited to severe weather including heavy rain, snow, tornados, hurricanes, river flooding, heat spells and cold spells. National or international emergencies may include, but are not limited to military conflicts, terrorist attacks, security threats, war, & heightened security alerts.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

BE SURE TO INCLUDE CHECK OR MONEY ORDER (U.S. FUNDS) AND PHOTOS WHEN YOU RETURN YOUR APPLICATION.

SIGNATURE OF FIRST ATHLETE

PRINTED NAME

DATE

SIGNATURE OF SECOND ATHLETE

PRINTED NAME

DATE

SIGNATURE OF THIRD ATHLETE

PRINTED NAME

DATE