



4.8 mile swim
224 mile bike
52.4 mile run
March 10 - 13, 2022
Lake Louisa State Park
Clermont (West of Orlando), FL

Steve Kirby ~ Race Director
7204 Jessie Harbor Drive
Osprey, FL 34229
Phone (757) 373-4135
Email USAUltraTri@gmail.com
www.USAUltraTri.com

APPLICATION FORM FOR INDIVIDUAL CONTESTANT

Entry fee:

Postmarked by December 1st, 2021 \$900 Postmarked by January 3rd, 2022 \$940 Postmarked by Febuary 1st, 2022 \$980

Application deadline: Febuary 1st, 2022

PHOTO

Please email a digital copy of a race related photo for us to use on the Athletes Page of the website. Make it a larger digital file.

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

PLEASE TYPE OR PRINT LEGIBLY

U.S. check (Steve Kirby) or PayPal, Venmo, Zelle, Cash App, Wise, Google/Samsung/Apple Pay, Revolut: use usaultratri@gmail.com.

First Name	Last Name	M□ F[USAT #	
Street Address	City	State	Zip Code	Country	
Date of Birth (mm/dd/yy)	Age on Race Day	En	nail		
Home Phone	Work Phone		Cell Phone		
Emergency Contact/Relationship Emergency Phone					
T-Shirt Size S M L XL XXL Long Sleeve Tech Shirt Size S M L XXL XXL For women: We get the T-shirt and Long Sleeve Tech Shirt in a woman's cut, please mark your size appropriately.					
YOU are responsible for prov	viding your own support crew	(Very Strongly Enco	uraged). Number of peop	le in your support crew	

MEDICAL QUESTIONNAIRE

You also need to submit the Medical Clearance YES NO Do you have any current or recurrent medical problems for whi	5 , ,
	cii you are being seen by a doctor:
YES NO Are you on any medication? If yes:	
YES NO Are you allergic to any medication? If yes:	
YES NO Are you hypersensitive to insect stings?	
Comments:	
WAIVER & RELEASE OF LIABILITY, ASSUMPTION	N OF RISK AND INDEMNITY AGREEMENT
N CONSIDERATION of USA Triathlon ("USAT") allowing me to participate in the Flor or through the issuance of a single event license or permit; I, for myself, and on bel any legal and personal representatives, executors, administrators, successors and ass pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity	alf of my spouse, children, parents, guardians, heirs and next of kin, and
. I hereby represent that (i) I am in good health and in proper physical condition to part the influence of alcohol or any illicit or prescription drugs which would in any way sole responsibility to determine whether I am sufficiently fit and healthy enough to	impair my ability to safely participate in the Event. I agree that it is my
I understand and acknowledge the physical and mental rigors associated with triathlor bicycling, swimming and other portions of such Events are inherently dangerous ar I understand that participation involves risks and dangers which include, without lipermanent disability, paralysis and loss of life; loss of or damage to equipment/prop or collision with other participants, spectators, vehicles or other natural or manmac course conditions; water, road and surface hazards; equipment failure; inadequate simmediate control of the Event Organizers; and other undefined risks and dangers I understand that these Risks may be caused in whole or in part by my own actions or the acts, inaction or negligence of the Released Parties defined below, and I here liabilities, losses or expenses which I incur as a result of my participation in the Event	In the potential for serious bodily injury, sickness and disease, mitation, the potential for serious bodily injury, sickness and disease, erty; exposure to extreme conditions and circumstances; accidents, contact le objects; dangers arising from adverse weather conditions; imperfect fety measures; participants of varying skill levels; situations beyond the which may not be readily foreseeable or are presently unknown ("Risks"). or inactions, the actions or inactions of others participating in the Event, by expressly assume all such Risks and responsibility for any damages,
I agree to be familiar with and to abide by the Rules and Regulations established for the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and P Agency. I understand and agree that the [ITU] Anti-Doping Rules and U.S. Anti-Do (USADA Protocol) and all other policies and rules adopted by the [ITU], USADA, a those rules. I agree to submit to drug testing at any time and understand that the us would make me subject to penalties including, but not limited to, disqualification a violation, I agree to submit to the results management authority and processes of Us management authority of the [ITU] and/or my national federation, if applicable or a and actions while participating in the Event, and the condition and adequacy of my	rohibited Methods of Doping adopted by the United States Anti-Doping pping Agency Protocol for Olympic and Paralympic Movement Testing nd the USOC apply to me and that it is my responsibility to comply with e of methods or substances prohibited by the applicable anti-doping rules and suspension. If it is determined that I may have committed a doping SADA, including arbitration under the USADA Protocol, or to the results referred by USADA. I also accept sole responsibility for my own conduct
In I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, De Organizers and Promoters, Race Directors, Sponsors, Advertisers, Host Cities, Unite Venues and Property Owners upon which the Event takes place, Law Enforcement each of their respective parent, subsidiary and affiliated companies, officers, directo ((Individually and Collectively, the "Released Parties" or "Event Organizers"), with loss or expense (including court costs and reasonable attorneys fees) of any kind or participation in the Event, including claims for Liability caused in whole or in part this Agreement, I, or anyone on my behalf, makes a claim for Liability against any the Released Parties from any such Liability which any may be incurred as the resu	d States Olympic Committee (USOC), Local Organizing Committees, Agencies and other Public Entities providing support for the Event, and rs, partners, shareholders, members, agents, employees and volunteers respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), nature ("Liability") which may arise out of, result from, or relate to my by the negligence of the Released Parties. I further agree that if, despite of the Released Parties, I will indemnify, defend and hold harmless each or
I grant permission for the use of my name and or likeness related to my participation i grant the use of my voice and any and all recorded and or filmed/video/ photograph result of my name or likeness being used in any way.	
Steve Kirby, USAUltraTri LLC, and the Florida Double Anvil Triathlon™ does not acc or national emergencies. Natural emergencies may include, but are not limited to se flooding, heat spells and cold spells. National or international emergencies may incl threats, war, & heightened security alerts.	evere weather including heavy rain, snow, tornados, hurricanes, river
hereby warrant that I have read this Agreement carefully, understand its terms and corby signing it (including the rights of the minor, my spouse, children, parents, guard executors, administrators, successors and assigns), acknowledge that I have signed to or guarantee, and intend for my signature to serve as confirmation of my complete this Agreement. This Agreement represents the complete understanding between the or inducements have been made apart from this Agreement. If any provision of this then that provision shall be deemed severable from this Agreement and shall not af	ians, heirs and next of kin, and any legal and personal representatives, nis Agreement freely and voluntarily, without any inducement, assurance and unconditional acceptance of the terms, conditions and provisions of the parties regarding these issues and no oral representations, statements Agreement is held to be unlawful, void, or for any reason unenforceable,
BE SURE TO INCLUDE PAYMENT WHEN Y	OU RETURN YOUR APPLICATION
SIGNATURE OF PARTICIPANT	DATE