



24th Annual
Medical Lake
Founder's Day

TRAILBLAZER

Triathlon

Presented by Jakes Recreation

Location: Medical Lake, WA. Start/Transition/Finish all at Coney Island Park (east side of Medical Lake)

Date: Saturday, June 16, 2007

Time: 1:00 p.m. - Race Starts
11:00-12:00 - Check-in and registration at Coney Island Park.

Course:

- 1) **Swim** width of Medical Lake (approx. 1200 ft.)
- 2) Mount **Bicycle** and ride clockwise around Clear Lake (approx. 12 miles)
- 3) Dismount bicycle and **Run** counter-clockwise around Medical Lake to finish (approx. 3.4 miles)

Registration:

- *Registration fee is \$35.00. Team fee (2-3 people) is \$50.00.*
- *Late registration fee (day of event) is \$45.00. Late team fee is \$65.00.*
- **Late registration may delay delivery of "Trailblazer" T-shirt.**
- **Team entries must be submitted together indicating team name on application form.**

Applications:

Send printed or typed application(s) along with check or money order to:
**Jakes Recreation
P.O. Box 69
Medical Lake, WA 99022**

Information:

- *Founder's Day Parade starts downtown at 10:00 a.m.*
- *Eight age groups for individual entrants.*
- *(16yrs-under/17-20/21-29/30-39/40-49/50-59/60-69/70-over).*
- *Team competition (2-3 people, each completing one or two legs of the event - no age groups.*
- *All participants receive a "Trailblazer" T-shirt. Awards to all finishers.*
- *Security maintained at Coney Island Park. Boats and crews stationed on lake.*
- *Parking is available at Medical Lake High School lots, 3 blks. north of Coney Island Park.*

****For more information please visit www.wannabeehospitality.com or call (509) 869-0252.****

Application Form (please print clearly)

Name: _____ Age: _____ Sex: M F T-shirt size: S M L XL XXL (circle one)

Address: _____ City/State/Zip: _____ Phone: _____

Team Information:(Team entries only) Team Name: _____ Swim: Cycle: Run:

Waiver of Liability, Release, Hold Harmless, and Agreement not to Sue:

I, fully understand that my participation in the Medical Lake Founder's Day Trailblazer Triathlon (hereinafter "event") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and agree to assume any such risk. I hereby release, discharge and agree not to sue Jakes Recreation, Medical Lake Founders Day Committee, and the City of Medical Lake 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 Jakes Recreation, Medical Lake Founders Day Committee, the City of Medical Lake or any participants in the event. In consideration for being permitted to participate in the event, I hereby agree, for myself, my heirs, administrators, executors and assigns that I shall indemnify and hold harmless Jakes Recreation, the Medical Lake Founders Day Committee, and the City of Medical Lake for 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.

Signature: _____ Date: _____ Parent/Guardian: _____ Date: _____
(If under 18)

