

Monster 2010 Race Application

Register Online at www.imathlete.com or by mail, make checks payable to:
Deanna Glossup Foundation, 1056 Woodland Drive, Pulaski, TN 38478

Race Fees: \$35 Individual (Non USAT \$45), \$75 Relay (Non USAT \$95-\$105)

Name (last) _____ (first) _____

Address _____

City, State, Zip _____ Phone _____

Email _____ Birth Date _____

Category Triathlon Aquabike Relay Clydes/Athena

USAT Member Yes No If Yes, USAT Number: _____

*If you are not a USAT Member, a signed Insurance Waiver is required before race start. USAT Single Day Membership is \$10 per participant and is **not** included in race fee.*

Gender Male Female

Age Group (Circle) 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64
65-69 70-74 75 and Up Clydesdale (men 200 + lb) Athena (women 150+ lb)

Estimated 200m Swim Time: _____

T-Shirt Size Sm M Lg XL XXL

Relay Team Name: _____

Relay Member Names Swim _____ Bike _____ Run _____
Circle T-Shirt Size Sm M Lg XL XXL Sm M Lg XL XXL Sm M Lg XL XXL

Release: I know that participation in a triathlon sporting event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, including, but not limited to, falls, contact with other participants, the effect of the weather, including high heat and/or humidity, traffic and road conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release all those related to this event including but not limited to all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participating in this event even though that liability may arise out of negligence or carelessness on the part of persons listed in this waiver.

Signed Waiver Required for Each Participant and Each Member of a Relay

Signed: _____ Date: _____
Signature of parent / guardian if applicant is under age 18
