

# 11<sup>th</sup> Annual Steve Braun Memorial Triathlon

## Registration Form

Sponsored by the Orcas Island Recreation Program

**Sunday, September 6, 2009**

Moran State Park on Orcas Island  
At the Cascade Lake Picnic Area  
8:30 Pre-race meeting, 9:00 start



.4 mile swim in beautiful Cascade Lake  
17 mile bike ride along a picturesque rural road  
3.5 mile trail run around Cascade Lake

Great atmosphere! Great food!  
Door prizes!! Dinners, kayak trips, and more!



**Proceeds benefit the San Juan Preservation Trust, Friends of Moran State Park,  
and the Orcas Island Recreation Program.**

**Registration includes a hat, frisbee, shirt, or coffee mug.**

Participants can participate in any stage. \*Please send in your registration form as soon as possible before the race to avoid the morning rush. **Entry will be permitted on race day.**

*If you pre-register, you save \$5.*

### **Triathletes, Individuals, or Teams**

**Preregistration:** \$40 for triathletes \$30 individuals (1 or 2 events or team member) \$25 under 18

**Registration on the day of the event** will be:  
\$45 for triathletes \$35 individuals (1 or 2 events or team member) \$30 under 18

For camping reservations, call (888) campout (888) 226-7688

If you would like to carpool, e-mail at [didierg@co.san-juan.wa.us](mailto:didierg@co.san-juan.wa.us) and we'll see if we can help find rides from as far away as Portland, Seattle...

**Call (360) 376-5339 for more information**  
or e-mail at [didierg@co.san-juan.wa.us](mailto:didierg@co.san-juan.wa.us)  
Check out more information at [orcasrec.org](http://orcasrec.org)



**Complete and mail with payment to:**  
**PO Box 1644 Eastsound, WA 98245**  
or drop off your form(s) at the Orcas Rec. office in the Senior Services Building.

**Checks are payable to the Orcas Island Recreation Program**

**(Please complete the form on the back)**

# 11<sup>th</sup> Annual Steve Braun Memorial Triathlon Registration Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve.) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address (we'll e-mail the results): \_\_\_\_\_

Please circle one: Triathlete Individual Team

For an individual or team member, please indicate: Swimming Biking Running

If you are registering as a team, please include your team member(s) name(s):

\_\_\_\_\_

How did you hear about the triathlon? \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Preregistration:**

**\$40 for triathletes \$30 individuals (1 or 2 events or team member) \$25 under 18**

**Registration on the day of the event: \$45 for triathletes**  
**\$35 individuals (1 or 2 events or team member) \$30 under 18**

## Waiver Release

In consideration of my/my child's participation in the Orcas Recreation Program, I waive and release any and all claims for damages for death, personal injury, loss of property or property damage that I may have or that may accrue as a result of my/my child's participation in the Orcas Recreation Program. I accept full responsibility for the conduct of each member of my family and have the sole responsibility for any medical costs that may result from my/his/her participation in activities sponsored by The Orcas Recreation Program, which shall not be held liable for any injury to me/my child, as a participant, whether or not such injury or death is caused by the negligence or fault of employees or volunteers of San Juan County or the Orcas Recreation Program. I am aware that this activity may include inherent physical risks. I affirm that I/my child have/has the physical capability for this activity. I understand that inappropriate language and behavior will be addressed in a timely manner and may be reason for dismissal, without refund. I hereby authorize the instructor and/or directors of the Orcas Rec. Program to secure medical treatment for me/my child in the event of an emergency. I understand and agree that photos may be taken for promotional purposes and are the property of the Orcas Recreation Program.

\_\_\_\_\_  
Print Adult Participant's or Parent/Guardian's Name

\_\_\_\_\_  
Adult Participant's or Parent/Guardian Signature

\_\_\_\_\_  
Date