

BIB #: \_\_\_\_\_

PDSS: \_\_\_\_\_

# Lake of the Pines AND The Sports & Activities Club's Mini Fun Triathlon

## September 2, 2017

### Member/Resident Registration Form

Fill out, copy and bring/mail to Jim Nachtigal 23370 La Costa Ct Auburn, CA 95602.  
Make check payable to: The Sports & Activities Club. ALL BLANKS MUST BE FILLED IN.

**THIS EVENT IS LIMITED TO 150 ENTRIES**

### PLEASE REGISTER EARLY TO HELP US & AVOID THE FEE INCREASE!!

Relay Name (Required): \_\_\_\_\_

**Individual or Relay (1)**

**Relay (2)**

**Relay (3)**

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

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

\_\_\_\_\_  
(Please Print Clearly)

\_\_\_\_\_  
(Please Print Clearly)

\_\_\_\_\_  
(Please Print Clearly)

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Your e-mail address will not be used for any other purpose than communicating with you about your participation in this event.

Phone #: \_\_\_\_\_ Ph # \_\_\_\_\_ Ph #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ BD: \_\_\_\_\_ BD: \_\_\_\_\_

Age on Event Day: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

**Relay Entry Fee: (\$66)**

**Individual Entry Fee: (\$40)**

#### **Individual Race Category:**

MINI STYLE : 1/4 mile swim, 5 mile bike and 3.8 mile run.

#### **RELAY**

Relay team participants must submit their entry at the same time and must include:

- 1) Registration Form; 2) Payment; 3) One envelope. The fee is the same for 2 or 3 person relays.

MINI STYLE: 1/4 mile swim, 5 mile bike and 3.8 mile run.

Relay's can consist of any age combination. example: 12 yr old swimmer, 34 year old biker and 75 year old runner.

#### RELEASE FORM

My child is entering the triathlon and I give permission for him/her to participate. My child is physically capable of completing any or all legs of the triathlon. I grant permission to Lake of the Pines Association and the Sports & Activities Club to use any photographs of this event for any legitimate purposes. I have read and understand the event rules/instructions & will abide by them.

SIGNATURE – ADULT, PARENT, OR LEGAL GUARDIAN \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Non-Residents of LOP - Must have an LOP Resident Sponsor:** \_\_\_\_\_ / \_\_\_\_\_  
Phone # / LOP Resident Name)

## Event Day Check-In & Race Instructions - *Please Read Carefully*

1. Check-in is 6:00 a.m.-7:15 am. Check in at the appropriate registration table. Mini Course Event starts at 8:00 am. Brief Race Instructions given at 7:15 am. in Lower Main Beach parking lot.
2. **DOUBLE CHECK** your event application to make sure you have correctly filled out the application. Please print clearly.
3. Bib Event Numbers will be printed on a contestant's shoulders, thighs & calves. Sunscreen should not be applied on these areas as it causes them to wear off. Numbers are needed for finish line.
4. Contestants can keep their own split times. Interruption of the timekeepers during or after the race is discouraged. Leave them alone; allow them to focus on their task; direct questions to the Race Director.
5. **Staging:** Bicycles must be parked on bicycle racks – **INDIVIDUALS in the Lower Beach parking lot, RELAYS in the upper beach parking lot.**
6. **Wetsuits** and swim aids are allowed. All questions should be directed to the Race Director. Swim caps will be provided and must be worn
7. **Swim Course ( 1/4 mile):** Swim legs will start in center of the Main Beach waterfront and finish at the Main Beach. **At the start, swimmers should be positioned according to swimming ability – fast swimmers to the front, slower swimmers to the back. Three buoys placed and you'll swim in counter clockwise direction.**
8. All cyclists will begin their ride after being **tagged** by the swimmer in the **LOWER** or **UPPER** Beach parking lot. **Bike must be racked and cyclist must have his/her hand on bicycle's seat when swimmer makes tag.**
9. **Cyclists must wear helmets** and helmets must be buckled before mounting the bicycle. **Cyclists must not mount bike until they are at Clubhouse Drive located at the entrance and exit of the transition area. Mount at the exit of the Upper Lot.**
10. **Bike Course (5 miles):** Bike must be walked toward tennis courts #1 and #2, up into the Upper Beach parking lot, where it will be mounted, then turned right onto Clubhouse Drive. Course proceeds up to Lakeshore North and turns **right** towards the opposite end of the lake. **The course will be cycled clockwise around the lake.** Arrows (on pavement and barricade signs) will direct riders around the course. The bicycle course stays straight on Lakeshore North until Torrey Pines where a right turn is made. Right turn at Lakeshore South, Right turn at Torrey Pines to the Guard House Intersection where it turns right and climbs Lakeshore North back to Clubhouse Drive.
11. The bike/run transition begins as soon as the rider turns off of Lakeshore North and enters Clubhouse Drive. At this point all cyclists will be asked to **SLOW DOWN**. A slow speed is required all the way through the bike/run transition.
12. **All cyclists must be un-mounted in the transition areas (Lower Beach parking lots). Anyone mounted between the two gates in the transition area will be disqualified and prohibited from continuing.**
13. **Run Course (3.8 miles):** Run leg starts from the Lower Beach parking lot for individuals towards tennis courts #1 and #2, up into the Upper Beach (**RELAYS**) parking lot, then turning right on Clubhouse Drive. Runners will turn **right** onto Lakeshore North. **The course will be run clockwise around the lake.** Arrows/signs along the course will lead you back to the finish line. The course runs to Torrey Pines and turns right. Run on Torrey Pines to Lakeshore South and turn right to the Dam road. Cross the Dam road to Lakeshore North and turn right. Runners will exit Lakeshore North at the Clubhouse Drive run down the driveway, around the roundabout into the lower beach parking lot ending the run leg/triathlon at the finish line located there. **Event bibs must be on the front of the runner.**
14. There will be traffic monitors at major intersections and critical course turns. However, do not rely on this! Exercise due caution when turning corners or going through intersections. When asked to **SLOW DOWN**, cyclists must do so immediately. Bicycle must be ridden on the right side of the road, near the shoulder. The run will have the runner running on the right side of the road, nearest the shoulder. Cyclists watch for runners AND for loose gravel.
15. **Disqualification Criteria: 1) Not wearing a swim cap; 2) Not wearing a helmet on the bike; 3) Not having the race bib on the front of your body at the finish; 4) Riding your bicycle between the gates within the transition area.**

Aid stations will be located throughout the course. Water and First Aid will be available.

Web Site: [LOPSAC.COM](http://LOPSAC.COM)

**LAKE OF THE PINES ASSOCIATION**  
**Informed Consent, Release, and Waiver Agreement For**  
**SAC Mini Triathlon on Saturday, September 2, 2017**

Thank you for using the LAKE OF THE PINES ASSOCIATION (the "Association") for participating in activities related to the **SAC Mini Triathlon** (event) on **Saturday, September 2, 2017** (date) at the Lake of the Pines development (the "Activity"). The Association requests your understanding and cooperation in maintaining the safety and health of all participants by reading and signing the following Informed Consent, Release, and Waiver Agreement.

I, \_\_\_\_\_, declare that I intend to participate in the Activity at the Lake of the Pines development. In consideration for being allowed to participate in the Activity, I declare as follows:

1. I understand that there are inherent serious risks or injuries associated with participating in the Activity, and I knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of myself or other participants of the Activity.
2. I understand that part of the risk involved in undertaking the Activity is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that Activity. I acknowledge that my choice to participate in any Activity at Lake of the Pines brings with it my assumption of those risks or results stemming from this choice, and the fitness, health, awareness, care and skill that I possess and use.
3. I am participating in the Activity voluntarily and agree to be completely responsible for my own actions.
4. I accept responsibility to always act in a safe manner and to abide by the rules and regulations of the Association when participating in the Activity.
5. I understand that I am responsible for obtaining appropriate health insurance coverage when participating in the Activity. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from participation in the Activity.
6. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in an of the Activity, or use of any equipment or machinery associated with the Activity. I acknowledge that I have been strongly advised to obtain yearly or more frequent physical examinations to determine that I am of sound fitness and health to participate in the Activity. The Association does not have the resources to review, and is not responsible for reviewing, my decision to participate in the Activity.
7. Should I suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate employee or representative to engage qualified medical personnel to initiate any necessary treatment or care, if such individual deems medically appropriate. In the event of such an injury, the Association shall use reasonable efforts to notify the emergency contacts listed herein where practical. I understand and agree that I am responsible for all medical care expenses incurred to treat my injuries.
8. By signing this document, I acknowledge that I have voluntarily chosen to participate in the Activity. I assume all risk for my health and, on behalf of myself, my heirs, beneficiaries, dependents and personal representatives, I agree to indemnify, defend and hold harmless the Association, its directors, officers, members, employees, agents, managers, volunteers or any other representative of the Association (collectively and individually referred to as the "Indemnified Party") from any and all damages, liabilities, claims, demands, expenses, attorneys' fees and costs, and/or causes of action incurred by or asserted against the Indemnified Party that are alleged to have arisen out of, or in any manner directly or indirectly related to my participation in the Activity.
9. I will not present or file any claim for personal injury, property damage, wrongful death, or any other action against the Association, its officers, directors, members, employees, agents, managers, volunteers, or any other representative of the Association ("Releasees") based upon or arising out of any Activity in the Lake of the Pines and hereby release, waive, discharge, relinquish any action or causes of action, which may hereafter arise from any and all liability, claims, demands, losses or damages caused or alleged to be caused in whole or in part by the negligence or other acts or omissions of the Releasees with respect to the Activity. I hereby expressly waive and relinquish any rights under California Civil Code

**LAKE OF THE PINES ASSOCIATION**  
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Section 1542 which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with debtor."

10. I consent to the Association's use of any photographs taken of me while participating in the Activity, such as the use of my photograph in brochures and fliers.
11. I understand that if I am a sponsoring Member of the Association who is inviting a guest to attend and participate in the Activity, my guest shall (1) sign and thereby agree to all the terms of this Informed Consent, Release, and Waiver Agreement, (2) follow all Association rules and regulations while participating in the Activity, and (3) if applicable, pay for their participation in the Activity. As a sponsoring Member, I shall participate in the Activity with my guest, per the guest policy rules.
12. Members are responsible for the conduct of their guests. Comments and complaints are to be directed to the Association Board of Directors. Management staff will inform Members or guests of any violation of the rules and regulations of the Association, and, when necessary, report such actions to the Board of Directors.

**I declare that the terms of this Informed Consent, Release, and Waiver Agreement have been completely read and are fully understood by me, and that if desired I have had the opportunity to consult with an attorney prior to executing it. I am freely and voluntarily executing this Informed Consent, Release and Waiver for the purpose of making a full and final compromise and settlement of any and all claims, disputed or otherwise, related to the Activities described above.**

**PARTICIPANT**

Name of Participant (print): \_\_\_\_\_ Lot Number (required): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

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

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

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GUEST (if applicable)**

Name of Guest (print): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (list 2):

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

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

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_