

Distance: 600yd Swim, 10mi bike, 3mi runRegistration Online line until August 17, 2005 11:59 PM Pacific Time on www.active.com

Fees: \$50 early entry Individual Triathlon, \$55 race day. Relay Teams \$75 early entry, \$85 race day.

Distance: 600 yard swim, 10 mile bike, 3 mile run

Location: Lake Arrowhead Village and Resort is a 1 1/2 hour drive from Orange County and Los Angeles and a little over 2 hours from San Diego.

The Course: The 600 yard swim is a point to point swim from the Resort to the Yacht club boat ramp. The Bike is 10 mile loop, clockwise, around Lake Arrowhead on an **Open road**. It is a technical bike course with a lot of turns and hills. You will find this to be one of the most challenging bike courses you can do in any sprint triathlon. The bike section of the course is **open to traffic**. Please ride with caution. The 3 mile run will be on a Closed road. It's an out and back with rolling hills, finishing at the far end of the Peninsula in the Lake Arrowhead Village.

USAT: All athletes must be an annual member of USAT or purchase a One-Day license for \$9 at the event. You must present your certificate at packet pick-up or purchase a one day license if you forget yours.

For more info: For more information about this event, please visit us at mountainmultisport.com.

PLEASE PRINT - COPIES ARE ACCEPTED - FILL OUT BOTH SIDES - CUT HERE

First Name _____ **Last name** _____ **Age** _____ **Male** ___ **Female** ___

Address _____ **City** _____ **State** _____ **Zip Code** _____

Date of Birth _____ **Phone Number ()** _____ **T-shirt size** S M L XL

email _____

WAIVER:

In consideration of the acceptance of my entry, I the undersigned, intending to be legally bound, for myself, my executors, administrators and assignees, do hereby waive and release the sponsors of this race, Mountain Multisport, Prime Time, Savage BMW, the Lake Arrowhead Village, Cal Trans, and all persons and agencies connected with this Race from all claims arising from my participation in and travel to and from this event. In consideration of this event, I understand the dangers, risk, and injury, that come participating in an **open-course** triathlon and will be responsible for myself if injury happens whether it be my fault or that of the other racers. I certify that I am responsible for my own actions on the course and will be cautious of racers around me. I also certify that I am physically fit and adequately trained to participate in this event. I also understand that there is a no refund policy for this event. I also allow Mountain Multisport to use photographs of me and the race to be used in any promotional material.

Signature _____ **Date** _____ **Parent signature (if under 18)**

SPONSORS

Mountain Multisport
P.O. Box 918
Running Springs

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Race Category:

_____ **Triathlon Individual \$50 until 8/17/05 \$55 after**

USAT Member# _____

_____ **Relay Team \$75 until 8/17/05 \$85 after**

Team name _____, **all team members must sign their own waivers**

TOTAL: _____

Make Checks Payable to Mountain Multisport

Send Entry Form and Payment to Mountain Multisport, PO Box 918, Running Springs, CA 92382