



Santa Cruz State Lifeguard Association Presents-THE 25th ANNUAL

SANDMAN TRIATHLON

.75 mile SWIM - 13 mile BIKE - 4 mile RUN

Sunday, August 1st, 2010

8:00 A.M.



Seacliff State Beach, Aptos California

The Course: **Triathlon**-.75-mile ocean swim in the Monterey Bay, moderate 13-mile bike course through Aptos, Seascapes, and Rio Del Mar then return to Seacliff State Beach for a 4-mile beach run. All events start and finish at Seacliff State Beach.

***Duathlon-New for 2010 Bike 13 Mile/Run 4 Mile (Same Registration Fee as Individual)**

***Fun Run-New for 2010 (17 and under)-(*1 Mile subject to change) Beach Run \$25**

Divisions: Teams: Male, Female and Co-Ed **Individual:** Male and Female:
Under 14, 15-17, 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75+

Awards: Awards will be given to the top finishers in each division.

Entry: Online \$80.00 individual, \$115.00 team after June 30, 2010 \$90.00 Individual, \$125.00 Team
NO REFUNDS!! Race is limited to *500 entrants. NO CONFIRMATION BY MAIL.

USAT: Participants must be USAT members or purchase a 1 Day USAT membership. Call 1-719-597-9090 or WWW.USATTRIATHLON.ORG for details. *Teams-Each Member Completes Membership Registration

Check-in: Pre-Race Check-in July 31st, 2010 2-4pm at Tri Shop Santa Cruz
3703 Portola Dr. Santa Cruz (831) 464-7467
*Check-in Race-Day between 6:00 and 7:00 on Sunday, August 1st, 2010
Pick up race number, cap and have bike checked in at the lower parking lot of Seacliff State Beach by **7:45AM**. **THE RACE STARTS AT 8:00AM SHARP, and will go in 3 waves 5 minutes apart!**

Benefit: Proceeds to benefit the Santa Cruz State Lifeguard Assoc., Santa Cruz State Junior Lifeguards, & Local Non-profits

Aid: Aid stations providing water available on the course. Food and drinks are available near the transition area. First aid station is located at the transition area.

Bike Check: All bicycles must be safety checked and pass inspection at race day check-in or at Tri Shop Santa Cruz July 31st.

INFORMATION: WWW.SCSLA.ORG, EMAIL Sandmantriathlon@SCSLA.ORG

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SANDMAN TRIATHLON ENTRY FORM

Entries should be done online at WWW.ACTIVE.COM or mail a check payable to SCSLA.

Teams: Please enclose separate entry forms for each team member in a single envelope.

Entries must be received by: July 30th, 2010

Sandman Triathlon
665 14th Avenue
Santa Cruz, CA 95062

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Male: _____ **Female:** _____ **Age:** _____ **Date of Birth:** _____

Tee-Shirt: Small Medium Large X-Large

USAT # _____ **Exp. Date** _____ **Pending** _____

All participants are required to show USAT membership card at registration.

Circle Category

Individual

Duathlon

Youth Run

Team

Male

Female

Co-Ed

USAT

12 month membership (contact USAT) **\$39**

1 day membership (Youth-17under \$5) **\$10**

*Teams (each member 1 day) **\$10**

*Each Member Completes Membership Registration

Registration Fee (prior to June 30th, 2010)

\$25-17 and under Fun Run (New 2010)

\$80-Individual Tri/Duathlon (After June 30th \$90)

\$115-Team (After June 30th \$125.00)

Make Checks Payable to: **SCSLA \$** _____

RACE INFORMATION

SANTA CRUZ STATE LIFEGUARD ASSOCIATION

www.scsla.org

SANDMAN TRIATHLON

Santa Cruz State Lifeguard Association
665 14 th Avenue
Santa Cruz, CA 95062
831-476-4992



COURSE DESCRIPTION

OCEAN SWIM - .75 Miles

Start-West end of the pier, Swim around the cement ship and then head south approximately 1/4 mile to a buoy in front of the transition area.

BIKE COURSE - 13 Miles

Leaving the transition area, crossing the footbridge and entering Rio Del Mar parking lot left turn onto Aptos Beach Drive, stay to the left onto Spreckles Drive. **STOP** and turn right onto Soquel Drive. **STOP** and turn left onto Trout Gulch; stay to the right onto Valencia Road continue up until Cox Road, take a left onto Cox. From Cox Road take right onto Day Valley Road continue on Day Valley Road until it intersects with McDonald Road. Left onto McDonald Road then, a right onto Freedom Boulevard continue up and over the overpass. Turn left onto Bonita Avenue. **STOP** and turn right onto San Andreas Road. **Stop** and turn right onto Seascaple Boulevard. Turn right onto Sumner Drive. **STOP** at Sumner/Clubhouse intersection and go straight through. **STOP** at Rio Del Mar Boulevard and turn left. At the base of hill, the intersection of Rio Del Mar and Aptos Beach Drive continue around parking lot back onto footbridge and into the transition area.

BEACH RUN – 4 Miles

From the transition area at Seacliff, enter the beach and run north to the New Brighton. A Turn flag will be at the very up coast end of New Brighton State Beach (near cliffs). Congratulations, if you have made it to this point you finish the Sandman Triathlon.

RULES AND REGULATIONS

1. Registered participants only!
2. All swimmers must wear swim cap provided in race bag.
3. No fins, snorkels or swimming aids allowed, wetsuits strongly advised.
4. Hard shells helmets (ANSI approved) mandatory on bike leg.
5. Drafting is not allowed.
6. Only standard bikes allowed (no tandems or recumbent).
7. Shoes required during run.
8. No individual support vehicles or crews allowed anywhere on the course. Marshals, Lifeguards, CHP, and first-aid personnel with authorized vehicles will monitor course.
9. Race numbers inked on left upper arm and left thigh, race numbers must be worn and visible during the bike and run.
10. All participants are responsible for knowing and following race rules and additional information given in pre-race instructions on race day.
11. Race director has the final authority to remove or disqualify participants from the race.
12. USAT Triathlon competitive rules will be in effect.
13. All participants must be USAT members.

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon ("USAT") in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event, **THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY;** (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

PRINT NAME

SIGNATURE

DATE

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____ (parent/guardian) the parent and natural guardian of _____ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors administration, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE _____
RELATIONSHIP TO MINOR _____