

## Race Information

**Date** Sunday, July 21, 2013

**Race Distance** 400 Meter Swim · 20 KM Bike · 5 KM Run

**Race Course** The Waterfront at 13<sup>th</sup> and Webb, Wichita, KS  
Transition Area located in Commerce Bank parking lot

	Through June 19 <sup>th</sup>	After June 19 <sup>th</sup>
<b>Entry Fees</b>		
Individuals	\$65	\$75
Active Military	\$60	\$60
Relays	\$100	\$110

Additional \$12 fee for non-USAT members  
No Race Day Registration

**Payment Options** Make checks payable to **Oz Endurance LLC**  
Mail entry form and required fee to  
**PO Box 454**  
**El Dorado, KS 67042**

Register online at [www.ozendurance.net](http://www.ozendurance.net)

**Schedule**

- Check-In/ Body Marking: 5:00 – 6:30am
- Briefing by Event Director: 6:45 – 6:50am
- Race Start: 7:00am
- Course Closure 10:00am

**Awards** Top 3 Overall Male and Female  
Top 3 Male and Female Age Groups

19& Under	30-34	45-49	60 & Over
20-24	35-39	50-54	
25-29	40-44	55-59	

**Additional Information**

Go to [www.ozendurance.net](http://www.ozendurance.net)

## Triathlon Registration Form

Circle One Event: Through June 19<sup>th</sup> After June 19<sup>th</sup>

<input type="radio"/> Individual	\$65	\$75
<input type="radio"/> Active Military	\$60	\$60
<input type="radio"/> Relay	\$100	\$110

**\*\*REQUIRED THAT ALL LINES BE COMPLETED\*\***

**AGE on 12/31/13** **USAT#**

**Adult T shirt size(circle one):** S M L XL

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

**Please Check:**  MALE  FEMALE  RELAY  
*(Relay Teams must provide all names, ages & signed forms. This application may be photocopied for this purpose)*

I know that triathlon is a potentially hazardous activity. I should not enter this event 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 triathlon. I assume all risks associated with participating in this triathlon including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive, and release Oz Endurance LLC, its officers and race volunteers, the city of Wichita, the Waterfront Property, Commerce Bank, and all sponsors, their representatives and successors from any and all claims and liabilities of any kind arising out of my participation in this event even though the liability may arise out of negligence or carelessness of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature of Entrant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian (If under 18) \_\_\_\_\_

Date \_\_\_\_\_