



Upper Saddle River

Youth Triathlon 2008



Sponsored by:

Dick Meighan Memorial Run, Inserra Shop Rite,
 USR Youth Guidance Council, Lion's Club, USR Recreation Commission,
 S.R.V. Swim & Tennis Club, Park Ridge Cycle,
 The Running Company of Montvale, Stein's Gourmet Cafe & Mighty Panini
 Cliffside Park Eye Associates - Dr. Van Vinciguerra

Saturday, June 7, 2008, 8:00 AM

Start - Saddle River Valley Swim & Tennis Club

Finish - Lions Memorial Park

8 to 10 yrs. (Age as of Race Day) 75 meter swim, 2 mile bike, and 1K (.6 mile) run

11 to 14 yrs. (Age as of Race Day) 125 meter swim, 5 mile bike, and 2K (1.2 mile) run
 (This is a flat, fast, fun course!)

*All participants receive a t-shirt, commemorative water bottle,
 participation award, and an entry to win a Racing Bike,
 1st and 2nd place winners in each age group receive trophies*

Registration Fee: \$50 per participant **LIMITED TO FIRST 150 REGISTRANTS!!!**

Checks Payable to: USR Recreation Commission

Postmark Deadline: Friday, May 23, 2008

Required meeting

and Packet Pickup: Cavallini School, Wednesday, June 4 @ 7:30 PM

For course layout and more information visit

www.usrtoday.org

(201) 327-3634 or USRrecreation@aol.com

NAME _____ AGE (as of race day) _____ M/F _____ DOB _____

ADDRESS _____ PHONE _____ E-MAIL _____

Waiver Release: Parents must read and sign (please read carefully)

I acknowledge that triathlon is an extreme test of a person's physical and mental limits and carries a potential for death, injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATION IN THE USR RECREATION YOUTH TRIATHLON. I hereby certify that my child is capable of safely participating in the event and has trained sufficiently to do so. I agree not to sue and to hold harmless any persons, sponsors, volunteers, participants, or the Boro of USR for any and all claims or liabilities that I've waived, released, or discharged herein. I hereby authorize medical treatment for any injuries sustained during this event. I understand and take full risk on behalf of myself and said minor.

PARENT NAME _____ PARENT SIGNATURE _____ DATE _____

**Mail to: USR Youth Triathlon - USR Recreation Commission,
 376 West Saddle River Rd.,
 Upper Saddle River, NJ 07458**

Note: No refunds or transfer of entries

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