

**WAIVER
(MANDATORY)**

PLEASE READ CAREFULLY!

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators, and assigns, and anyone entitled to act on my behalf, release and discharge the City of Council Bluffs, Council Bluffs YMCA, Council Bluffs Convention and Visitors Bureau, the State of Iowa and Iowa Department of Natural Resources, plus sponsors, vendors, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers of the activity names in this entry form from any and all claims of injury or liabilities of any kind, illness or damages suffered by me as a result of my participation in or traveling to or from this event. I know that this is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by the decisions of a race official relative to my ability to safely compete in the activity.

I assume all risk associated with taking part in this event, including but not limited to falls, contact with other participants, the effect of weather (including high heat and humidity) conditions on the course, all risk being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I also give permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature (signature of parent or guardian if under 18)

Date _____

**Council Bluffs YMCA
7 S. 4th Street
Council Bluffs, IA 51503**

**(712) 322-6606
Fax (712) 322-0609**

**COUNCIL
BLUFFS**

IOWA

www.cbparksandrec.org

**BLACK
SQUIRREL
TRIATHLON**



August 26, 2006

**Lake Manawa
State Park**

PRESENTED BY:



COUNCIL BLUFFS BLACK SQUIRREL TRIATHLON – AUGUST 26, 2006

SWIM

1000 yards
Open Water (Lake Manawa)
Wet suits allowed



BIKE

21 miles
City trail and bike lane
Participants need 2 bottles
of water for their bikes



RUN

6.1 miles
1 loop around
Lake Manawa State Park
Bike trails and city streets



Packet Pickup: Friday, August 25

10:00 a.m.-4:00 p.m.

**Council Bluffs YMCA
7 S. 4th Street
Council Bluffs, IA 51503**

Race Day: 6:00 a.m. - Transition area open

**Lake Manawa Beach
Lake Manawa State Park
1100 South Shore Drive
Council Bluffs, IA 51501**

Arrive at least one hour prior to race start for check-in and equipment set-up. Bike racking is first come, first serve.

6:45 a.m. - MANDATORY pre-race meeting and final instructions for all individuals and team members.

7:30 a.m. - Swim segment begins

12:00 p.m. - Transition area closed. By this time, all equipment must be removed.

Proceeds: Proceeds from this event will benefit Council Bluffs Parks, Recreation and Public Property and the Council Bluffs YMCA

Cap: Limited to the first 200 entries

Kids' Camp: A variety of free activities! Details TBA.

COUNCIL BLUFFS BLACK SQUIRREL TRIATHLON
Please check the appropriate box below.

Age Group	Male	Female	Team (Indicate Male, Female or Co-Ed)
<input type="radio"/> 19 and under			
<input type="radio"/> 20-24			
<input type="radio"/> 25-29			
<input type="radio"/> 30-34			
<input type="radio"/> 35-39			
<input type="radio"/> 40-44			
<input type="radio"/> 45-49			
<input type="radio"/> 50-54			
<input type="radio"/> 55-59			
<input type="radio"/> 60-64			
<input type="radio"/> 65-70			
<input type="radio"/> 70+			

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Day of Race) _____

Emergency Contact: _____

Emergency Phone Number: _____

Age (if under 18): _____

Parent/Guardian Signature (if under 18): _____

Team Member Names (all Team Members must sign a waiver): _____

Adult T-shirt Size: (indicate quantity) ___S ___M ___L ___XL

Amount enclosed: \$45/individual _____ \$100/team
_____ Credit Cards will be accepted.

MANDATORY WAIVER ON BACK OF THIS PAGE. REGISTRATIONS WILL NOT BE ACCEPTED IF NOT SIGNED.

Make checks payable and mail forms to:

Council Bluffs YMCA

7 S. 4th Street

Council Bluffs, IA 51503

Phone: 712-322-6606

Fax: 712-322-0609

E-mail: lrobicheau@metroymca.org

NO REFUNDS. FORMS MUST BE RECEIVED BY 8/23/06.

Race Date: Saturday, August 26, 2006

Race Time: 7:30 a.m. start

Open to: Ages 14 and older

**Divisions: Individual — Male and Female
Team — Male, Female and Co-Ed**

**Age Groups: 19 and under, 20-24, 25-29, 30-34,
35-39, 40-44, 45-49, 50-54, 55-59,
60-64, 65-69, 70+**

**Awards: Top three finishers— Age Group
Top Men's, Women's, Co-Ed — Team**

Awards will be presented in the transition area at the end of the race (anticipated time: 11:30 a.m.)