

ATTACH PHOTO HERE PRINT NAME ON BACK OF PHOTO

2008 APPLICATION

Please Type or Print Legibly

- 1, Read APPLICATION GUIDELINES first.
- 2. Attach recent 2x2" headshot photo in space provided.
- 3. Answer all questions in the spaces provided. Be concise, relevant, and complete. Attach additional pages if needed.
- 4. Include \$1000 U.S Funds. Make all checks payable to "ULTRAMAN."
- 5. Include 2 PHOTOS and copies of official finisher certificate or results for question (2) below.
- 6. Sign and date in the spaces provided on the back.
- 7. Return application via AIRMAIL to address shown above. Type I and II applications must be postmarked by AUGUST 1, as noted in Application Guidelines. 8. If receipt for application is desired, return by *CERTIFIED MAIL RETURN RECEIPT REQUESTED*.
- 9. ANY APPLICATION WITHOUT THE FULL ENTRY FEE (OR RECEIPT) AND SIGNATURE WILL BE RETURNED AS INCOMPLETE.

MAII. ADDRESS:	LAST NAME:	FIRST NAME:	INITIAL <u>:</u>
STATE: ZIP / POSTAL CODE: COUNTRY NAME: COUNTRY CODE HOME PHONE: CELL PHONE WORK PHONE; OCCUPATION: E-MAIL ADDRESS: DATE OF BIRTH: Month Day Year AGE ON 11/23/2007: SEX: Male Female AGE GROUP: (Age 20 minimum at start of Stage 1) (20-29) (30-39) (40-49) (50-59) (60-69) (70+) POLO SHIRT SIZE: S M L X L	MAIL ADDRESS:	NICKNAME:	
HOME PHONE:	CITY / DISTRICT / PROVINCE :		<u>.</u>
OCCUPATION: E-MAIL ADDRESS: DATE OF BIRTH: Month Day Pear AGE ON 11/23/2007: SEX: Male Female AGE GROUP: (Age 20 minimum at start of Stage 1) (20-29) (30-39) (40-49) (50-59) (60-69) (70+) POLO SHIRT SIZE: SMLXL USA TRIATHLON MEMBERSHIP NUMBER LANGUAGES: I Speak: Eng Fr Ger Sp Jpn Other I Understand: Eng Fr Ger Sp Jpn Other Other Other Otherstand: Eng Fr Ger Sp Jpn Other Others: MAY YOUR ADDRESS, AND PHONE NUMBER(S) BE GIVEN TO OTHERS? Yes / No (If no, please explain below). The following questions offer you the opportunity to provide pertinent information about your background, qualifications, and philosophy regarding endurance sport and ultra-distance events, in particular. Your answers and apparent ability to finish the event will be of significant value in determining which applicants will receiv invitations. Be legible, concise, but complete: use additional sheets only if more space is needed for or results should indicate event name, date distances, your time and place, and be in English, if possible. All applicants who have not officially finished UI.TRAMAN within the last 18 months must meet th minimum qualifications noted in the Application Guidelines. If you cannot meet these qualifications, but still feel you are qualified for further consideration, include letter of explanation. 1. PAST ULTRAMAN FINISHER? Yes/No YEAR OFFICIALLY FINISHED: '83' '84' '85' '86' '88' '89' '90' '92' '93' '94' '95' '96' '97' '98' '99' 2000' 2001' 2002' 2003' 2004' 2005' 2006' 2007' 2. LIST THE NAME, DATE, AND DISTANCES OF THE LONGEST TRIATHLON THAT YOU HAVE FINISHED IN THE LAST EIGHTEEN (18) MONTHS:	STATE: ZIP / POSTAL CODE:	COUNTRY NAME:	COUNTRY CODE
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NAME OF EVENT: DATE: TOTAL DISTANCE TIME	2. LIST THE NAME, DATE, AND DISTANCES OF THE LON	NGEST TRIATHLON THAT YOU HAVE FINISHE	D IN THE LAST EIGHTEEN (18) MONTHS:
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- COMPLETE AND SIGN REVERSE SIDE / NEXT PAGE -

3. DESCRIBE YOUR OTHER MAJOR ENDURANCE ACTIVITIES AND TRAINING DURING THE LAST THREE YEARS.

4. STATE YOUR SWIMMING ABILITIES RELATIVE TO THE 6.2-MILE DISTANCE.
5. LIST YOUR OTHER ATHLETIC ACHIEVEMENTS THAT YOU FEEL ARE PERTINENT.
6. WHY DO YOU DO ULTRA-DISTANCE SPORTS, AND WHY DO YOU WANT TO PARTICIPATE IN THIS EVENT?
7. DO YOU HAVE ANY PHYSICAL, MEDICAL, AND/ OR OTHER LIMITATIONS?. YES / NO (If yes, describe).
8. IS THERE ANYTHING ELSE OF RELEVANT SIGNIFICANCE THAT YOU WOULD LIKE TO ADD? YES / NO (If yes, describe).
NOTE THAT THE ABOVE INFORMATION, AND YOUR PHOTO, ARE REQUIRED FOR YOUR BIOGRAPHY THAT WILL BE SHOWN ON OUR WEBSITE
ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY (AWRL)
Read carefully before signing
I acknowledge that a triathlon 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. HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS AND THE ULTRAMAN , IN PARTICULAR. I certify that I am physically fit, have sufficiently trained for participation in these events, and have not been advised otherwise by a qualified health professional. I acknowledge that my statements on thi AWRL are being accepted by USA Triathlon (USAT) in consideration for allowing me to become a member in the USA Triathlon (USAT) association, and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USA Triathlon 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 Medical 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 WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft of damages of any kind, including economic losses, which may in the future arise out of or relate to my participation in, or my traveling to and from a USAT sanctioned event, THE FOLLOWING PERSONS OR ENTITIES: USA Triathlon, ULTRAMAN, Ohana Loa Inc., event sponsors, race directors, event producers, volunteers, all states, cities, counties, or localities 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 negligent acts or omissions of the persons I am hereby releasing or are caused by the negligent acts or omissions of any other person or entity; c) 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 SACTIONED BY USAT. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or crashes with other participants, effects of weather including heat and/o humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazzard that may be posed by spectators
I HEREBY AFFIRM THAT I WILL BE AT LEAST TWENTY(20) YEARS OF AGE OR OLDER AT THE START OF THIS YEAR'S ULTRAMAN , I HAVE READ THIS DOCUMENT AND THE APPLICATION GUIDELINESsave , AND I UNDERSTAND THE CONTENTS OF EACH, INCLUDING THE EVENT'S REFUND POLICY.
I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ULTRAMAN RULES & GUIDELINES FOUND AT www.ultramanlive.com
Name (Print) :
APPLICATIONS RECEIVED AFTER AUGUST 1st OF THIS YEAR WILL ONLY BE CONSIDERED IF SPACE IS OR BECOMES AVAILABLE.