

78-7170 Haawina St. Kailua-Kona, HI 96740

ATTACH PHOTO HERE PRINT NAME ON BACK OF PHOTO

2012 APPLICATION **Please Type or Print Legibly**

- 1, Read APPLICATION GUIDELINES first.
- 2. Attach a 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 \$1500 U.S Funds. Make all checks payable to "ULTRAMAN."
- 5. If submitting via bank wire transfer, please include additional \$50 for wire transfer bank fees.
- 5. Include 1 PHOTO 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. 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.

LAST NAME:		FIRST NAME:		INITIAL <u>:</u>
MAIL ADDRESS:			NICKNAM	E:
CITY / DISTRICT / PROVINCE :				<u>.</u>
STATE: ZIP / POSTAL C	ODE:	COUNTRY NAME:		COUNTRY CODE
HOME PHONE:	CELL PHONE		WORK PHONE <u>:</u>	
OCCUPATION:		E-MAIL ADDRESS: _		
DATE OF BIRTH: Month	Day _ Year	AGE ON 11/23/2012	2: SI	EX: Male Female
AGE GROUP: (Age 20 minimum at start of Stag	e I) (20-29) (30-39)	(40 -49) <u> </u>	(50-59) [] (60)-69)
POLO SHIRT SIZE: (indicate Men or W	Vomen's size) S M L XI	L USA TRIATHLON M	EMBERSHIP NUME	BER [
LANGUAGES: I Speak: Eng F	r Ger Sp Jpn <u> </u>	other I Understan	nd: Eng Fr	Ger Sp Jpnothe
EMERGENCY CONTACT:		EMERGENC	Y PHONE::	<u>.</u>
MAY YOUR ADDRESS, AND PHONE Note that the following questions offer you the opposition of the following questions offer you the opposition of the following questions. You invitations. Be legible, concise, but compute distances, your time and place, and be in minimum qualifications noted in the Apple letter of explanation.	ortunity to provide pertinent info our answers and apparent ability olete; use additional sheets only English, if possible. All applicar	ormation about your backgroun to finish the event will be of si if more space is needed. Fini- its who have not officially fini-	d, qualifications, and ignificant value in det sher certificate or res shed ULTRAMAN w	termining which applicants will receive the should indicate event name, date within the last 18 months must meet the
1. PAST ULTRAMAN FINISHER? Ye	s / No EVENT:		YEAR(S) OFFIC	IALLY FINISHED:
2. LIST THE NAME, DATE, AND DISTA	ANCES OF THE LONGEST TRI	ATHLON THAT YOU HAVE	FINISHED IN THE	LAST EIGHTEEN (18) MONTHS:
NAME OF EVENT:	DATI	E: TOTAL D	DISTANCE	TIME
DISTANCES: SWIM: mi / km	Time: / BIKE:	mi/km Time·	/ RUN	mi/km Time:

same (Print):	Signature:	DATE:
	Signatura	DATE:
EFUND POLICY. HAVE READ, UNDERSTAND, AT www.ultramanlive.com	AND AGREE TO COMPLY WITH THE UL	TRAMAN RULES & GUIDELINES FOUN
EAD THIS DOCUMENT AND THE APP	LEAST TWENTY (20) YEARS OF AGE OR OLDER A Lication Guidelinessave, and I understand t	
WRL are being accepted by USA Triathlon blied upon by USAT and the various race sponsor consideration for allowing me to become ryself, my executors, administrators, heirs, not is my intent to take these actions: a) I AGR from time to time, and I acknowledge that real SCHARGE from any and all claims or like amages of any kind, including economic lost went, THE FOLLOWING PERSONS OR Exates, cities, counties, or localities in which even if such claims, losses or liabilities are missions of any other person or entity; c) I SKING, SWIMMING OR PARTICIPATING articipating in USAT sanctioned events inclumidity, defective equipment, the condition colunteers, all such risks being known and apersons or entities mentioned above in paragraph (b) from any claims mad thers including those parties hereby indemnt competitive Rules; or (v) any other harm cause therwise satisfy any judgment rendered me contities mentioned above in paragraph (b) and went and I WAIVE all right to any future contents.	(USAT) in consideration for allowing me to become a menonsors, organizers and administrators in permitting me to part a member in USAT and allowing me to participate in USA ext of kin, successors and assigns, or anyone else who might EE to abide by the Competitive Rules adopted by USAT, in my membership may be revoked or suspended for violation abilities for death, personal injury, partial or permanent dises, which may in the future arise out of, or relate to my par NTITIES: USA Triathlon, ULTRAMAN, Ohana Loa Inc., events or segments of events are held, and the officers, directo caused by the negligent acts or omissions of the persons I ACKNOWLEDGE that there may be traffic or persons on the SI NANY OTHER EVENT SACTIONED BY USAT. I also luding but not limited to falls, contact and/or crashes with of the roads, water hazards, contact with other swimmers of operciated by me, and I further acknowledge that these risks aph (b) or of other persons or entities; d) I AGREE NOT Towaived, released or discharged herein; and e) I INDEMNIFY e or liabilities assessed against them as a result of (i)my actified; (iii) the conditions of the facilities, equipment, or are sed by an occurrence related to a USAT sanctioned event and on my behalf, my representatives, heirs or assigns which mat; g) I GRANT PERMISSION for the use of my name and/oppensation to which I may otherwise be entitled as a result of	nber in the USA Triathlon (USAT) association, and are be cicipate in any USA Triathlon sanctioned event. AT sanctioned events, I hereby take the following action is claim or sue on my behalf, and I expressly acknowledge in cluding the Medical Control Rules, as they may be amen in of the Competitive Rules; b) I WAIVE, RELEASE A sability, property damage, medical or hospital bills, the fit ticipation in, or my traveling to and from a USAT sanction vent sponsors, race directors, event producers, volunteers, ors, employees, representatives and agents of any of the about am hereby releasing or are caused by the negligent acts he course route, and I ASSUME THE RISK OF RUNNING ASSUME ANY AND ALL OTHER RISKS associated we other participants, effects of weather including heat and or boats, and any hazard that may be posed by spectators include risks that may be the result of the negligence of D SUE any of the persons or entities mentioned above for AND HOLD HARMLESS the persons or entities mention tions or inactions, (ii) the actions, inactions or negligence reas where the event or activity is being conducted; (iv) and hereby f) I AGREE TO PAY any award of damages of any be rendered against ULTRAMAN or any of the persons of likeness relating to my participation in a USAT sanction of the use of my name or likeness.
acknowledge that a triathlon is an extreme t EREBY ASSUME THE RISKS OF PART	WLEDGEMENT, WAIVER & RELEASE FROM Read carefully before signing est of a person's physical and mental limits and carries with ICIPATING IN TRIATHLONS AND THE ULTRAMAN events, and have not been advised otherwise by a qualified h	n it the potential for death, serious injury, and property los I, IN PARTICULAR. I certify that I am physically fit, ha
	ND YOUR PHOTO, ARE REQUIRED FOR YOUTIONAL SHEETS IF YOU WOULD LIKE M	
. IS THERE ANYTHING ELSE OF R	ELEVANT SIGNIFICANCE THAT YOU WOULD L	LIKE TO ADD? YES / NO (If yes, describe).
DO YOU HAVE ANY PHYSICAL,	MEDICAL, AND/ OR OTHER LIMITATIONS?. Y	ES / NO (If yes, describe).
. WHY DO YOU DO ULTRA-DISTA	NCE SPORTS, AND WHY DO YOU WANT TO PA	ARTICIPATE IN THIS EVENT?
LIST YOUR OTHER ATHLETIC AG	CHIEVEMENTS THAT YOU FEEL ARE PERTINE	NT.
. STATE YOUR SWIMMING ABILIT	TIES RELATIVE TO THE 6.2-MILE DISTANCE.	