



19th ANNUAL

# Jersey Genesis Triathlon



## Duathlon & Bambino Biathlon

SATURDAY, MAY 31, 2014 at 8:00am SHARP  
HARRY BOWEN PARK, PORT REPUBLIC, NJ



### Jersey Genesis Triathlon

Swim: 1/2 mile, Bike: 16 miles, Run: 4 miles

**Duathlon:** Run: 2 miles, Bike: 16 miles, Run: 4 miles

Individual: \$60 pre, \$75 post, \$90 team, \$60 high school challenge relay

Aqua Bike, Fire, Police, Military & Port Resident: \$45 pre, \$60 post

(non-USAT members add \$12 to entry fee for 1 day insurance)

**AWARDS: TOP 5:** Overall male and female. **TOP 3:** Male & female awards in each age group(see online):

**RELAY TEAMS & HIGH SCHOOL CHALLENGE:** Male, Female, Co-ed

**AQUA BIKE : TOP 3:** Male & Female

## Bambino Biathlon: Ages 5-12 10:00am SHARP

Run: 1/4 mile, Bike: 2 miles, helmet required, Run: 1/4 mile

\$15 individual, \$35 per family

**AWARDS: TOP 3:** Overall boy and girl **TOP 3:** In each age group: 5-6, 7-8, 9-10, 11-12

T-shirts to all participants. Post-race refreshments served.

For more information or to register visit [www.JerseyGenesisTriathlon.com](http://www.JerseyGenesisTriathlon.com)  
or contact Bill Smallwood: 609-652-6154, e-mail: [JerseyGenesisTri@aol.com](mailto:JerseyGenesisTri@aol.com)

Make checks payable to: Port Republic Athletic Fund, Inc. P.O. Box 86 Port Republic, New Jersey 08241

FIRST NAME ..... LAST NAME ..... AGE .....

ADDRESS .....

CITY.....STATE .....ZIP.....DOB ...../...../.....

PHONE ..... E-MAIL .....USAT#.....

**ENTERING AS: (CHECK ONE)**

- Individual
- Port Resident
- Military / Veteran
- Fire / Police
- Duathlon
- Youngest Finisher
- Clydesdale
- Athena
- Aqua Bike
- 1st Timer *only if 1st time in ANY triathlon*

- Male Team
- Female Team
- Mixed Team
- HS Challenge

- Bambino Individual
- Bambino Family

No. in Family : .....

**T-SHIRT SIZE:**

- Youth M
- Youth L
- Adult S
- Adult M
- Adult L
- Adult XL

Team Name: ..... Each team member must register.

PLEASE READ CAREFULLY BEFORE SIGNING. IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY IN THE JERSEY GENESIS TRIATHLON, I, MY HEIRS, EXECUTORS AND ADMINISTRATORS HEREBY DISCHARGE THE PORT REPUBLIC ATHLETIC FUND, DQ EVENTS, THE PORT REPUBLIC VOLUNTEER FIRE COMPANY, THE CITIES OF PORT REPUBLIC AND EGG HARBOR, THE TOWNSHIP OF GALLOWAY, ALL SPONSORS AND PRODUCERS OF THIS EVENT, THEIR AGENTS, OFFICERS, EMPLOYEES, VOLUNTEERS, EVENT DIRECTORS AND EVENT HOLDERS AND ANYONE ASSOCIATED IN ANY WAY WITH THE EVENT, FROM ALL LIABILITIES, ACTIONS, CLAIMS, DEMANDS, DAMAGES, COSTS AND EXPENSES WHICH I MAY NOW OR IN THE FUTURE HAVE AGAINST THEM ARISING OUT OF MY PARTICIPATION IN THE ABOVE MENTIONED EVENT, INCLUDING BUT NOT LIMITED TO ALL INJURIES THAT MAY BE SUFFERED BY ME. I ATTEST AND VERIFY THAT TO THE BEST OF MY KNOWLEDGE, MY PHYSICAL CONDITION AND FITNESS ARE ADEQUATE FOR ME TO SAFELY COMPETE IN THE TRIATHLON. I CERTIFY THAT I HAVE READ THIS DOCUMENT.

SIGNATURE..... DATE .....

PARENT OR GUARDIAN IF UNDER 18