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TWELFTH ANNUAL

**August 1, 2020 – BAYOU BLACK, LA**

 **All proceeds benefit the Bayou Black Swim Team**

 **www.tarpontri.net**

**Race Start Time:** 7:30 a.m.

**Race Day check-In:** 6:00 – 7:10 a.m.

 **\*Mandatory meeting** 7:15 a.m.

**Where:** Bayou Black Gym & Pool

 3688 Southdown Mandalay Rd

 Houma, LA 70360

**Sprint Triathlon:**

150 meter pool swim (staggered start)

10 mile bike (Helmet required)

3 mile run

**(Race limited to 250 participants)**

**Age Groups Male/Female**

* 14&U, Then in 5 year increments to 60+
* Youth Relay - average age of all participants is 18 or younger
* Adult Relay - average age of all participants is 19 and older

**Awards**

1st Overall Male / Female

1st, 2nd, 3rd in each age group

1st, 2nd, 3 rd youth & adult relays

 *\*\* There is no fat tire division in this race*

 *\*\* There is no Athena or Clydesdale division*

**Entry Fees: Individuals / Relays**

Received by July. 6th **$45\*** / **$90\***

July 7th – July 29th **$55\*** / **$110\***

July 30th – August 1st **$75\* / $150\***

 **\*plus additional USAT fees if not a USAT member**

* **Shirts & packet items are not guaranteed for registrations after July 6th.**
* **No Refunds.**

**Register online at:**

www.legacy.imathlete.com/events/tarpontri2020

**Or**

**Mail Registration with check payable to:**

TPRD # 9

c/o Michelle Matta

3688 Southdown Mandalay Dr.

Houma, LA 70360

**Packet Pick Up:**

Bayou Black Rec Center Pool House.

Friday, 7/31/20, time TBA

Race Day 5:45 – 7:10 a.m. at race site

**Awards, food, drinks and music after the race!**

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**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **city state zip code**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact name & Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any known medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Estimated 150 meter swim time: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_M \_\_\_F Birthdate: \_\_\_\_\_\_\_\_\_**

**USAT number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(if not a USAT member, a one day membership will need to be purchased through the race director to participate in this race. )* A form will be provided to you to be filled out and sent back to the race director. A one day membership is $15 for an adult. A youth membership (17&under) is $10 & only available as an annual membership.

**Shirt size: YS YM YL S M L XL XXL**

**Do you want a female fit shirt (Not available in youth sizes): Yes No**

**Participant type: ( Circle one) : Individual Relay ( If a relay, list other team member names & event):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relay team name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MUST SIGN LIABILITY WAIVER ON NEXT PAGE & SUBMIT WITH APPLICATION!!**

**Liability Waiver**

 ***\*\*\* Please note, each relay team member must fill out and sign a form to participate!!***

**Liability Waiver *must be signed by all participants before submitting.***

**In consideration of my accepting this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors, waive and release any and all rights and claims for damages I may have against Bayou Runners Association, the city of Houma, Terrebonne Parish Consolidated Government, TPRD #9, Bayou Black Swim Team, USAT, and all sponsors, their representatives and successors from all claims or liabilities of any kind with my participation in this event. I attest and verify that I am physically fit and sufficiently trained for the competition of this event. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, records or any other record of this event for any purpose whatsoever. I also acknowledge that this race has a no refund policy.**

**Participant name (please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent or guardian signature if under 18 years old)**