



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

ATTACH PHOTO HERE
PRINT NAME ON BACK OF PHOTO

2009 RELAY TEAM APPLICATION

Please Type or Print Legibly

Each Team Member needs to fill out an Application

1. Read APPLICATION GUIDELINES first (see website www.ultramanlive.com)
2. Attach recent 2x2" headshot photo in space provided (digital photo may be sent via e-mail)
3. Answer all questions in the spaces provided. Be concise, relevant, and complete. Attach additional pages if needed.
4. Include **\$1800 (\$600 PER TEAM MEMBER)** U.S Funds. Make all checks payable to "ULTRAMAN."
5. Include copies of official finisher certificate or results for question (2) below.
6. Sign and date in the spaces provided on the back (page 2)
7. Return application via AIRMAIL to address shown above.
8. ANY APPLICATION WITHOUT THE FULL ENTRY FEE (OR RECEIPT) AND SIGNATURE WILL BE CONSIDERED INCOMPLETE.

TEAM NAME: _____

NAME OF FORMER ULTRAMAN FINISHER ON TEAM: _____

SWIMMER NAME: _____ BIKER NAME: _____ RUNNER NAME: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

MAIL ADDRESS: _____ NICKNAME: _____

CITY / DISTRICT / PROVINCE : _____

STATE: _____ ZIP / POSTAL CODE: _____ COUNTRY NAME: _____ COUNTRY CODE _____

HOME PHONE: _____ WORK PHONE _____ CELL PHONE _____

OCCUPATION: _____ E-MAIL ADDRESS: _____

DATE OF BIRTH : Month Day Year AGE ON 11/27/2009: SEX: Male Female

POLO SHIRT SIZE: (M or F sizing) S M L XL USA TRIATHLON MEMBERSHIP NUMBER

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

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 sports 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 receive invitations. Be legible, concise, but complete; use additional sheets only if more space is needed. Finisher certificate 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 an IRONMAN distance race within the last 18 months must meet the minimum qualifications noted in the Application Guidelines. If you cannot meet these qualifications, but still feel you are qualified for further consideration, include a 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 2008

2. LIST THE NAME, DATE, AND DISTANCES OF THE LONGEST TRIATHLON THAT YOU HAVE FINISHED IN THE LAST EIGHTEEN (18) MONTHS:

NAME OF EVENT: _____ DATE: _____ TOTAL DISTANCE _____ TIME _____

DISTANCES: SWIM: _____ mi / km Time: _____ / BIKE: _____ mi / km Time: _____ / RUN: _____ mi / km Time: _____

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 ANY 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).

THE ABOVE INFORMATION, AND YOUR PHOTO, ARE REQUIRED FOR YOUR BIOGRAPHY THAT WILL BE SHOWN ON OUR WEBSITE. USE ADDITIONAL SHEETS IF YOU WOULD LIKE MORE INFO INCLUDED or CONSIDERED

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. I 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 this 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 or 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/or 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 or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph (b) or of other persons or entities; d) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, losses, or liabilities that I have waived, released or discharged herein; and e) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (b) from any claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to a USAT sanctioned event and hereby f) I AGREE TO PAY any award of damages or to otherwise satisfy any judgment rendered me or on my behalf, my representatives, heirs or assigns which may be rendered against ULTRAMAN or any of the persons or entities mentioned above in paragraph (b) and; g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event and I WAIVE all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

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 AGREED TO COMPLY WITH THE ULTRAMAN RULES & GUIDELINES FOUND AT www.ultramanlive.com

Name (Print) : _____ **Signature:** _____ **DATE:** _____

APPLICATIONS RECEIVED AFTER AUGUST 1st OF THIS YEAR WILL ONLY BE CONSIDERED IF SPACE IS OR BECOMES AVAILABLE