

# ActivEd presents...Cliff Rigsbee TINMAN TRIATHLON

Swim-Bike-Run

Honolulu, Hawaii

Sunday, July 23, 2017

**Time:** 5:45 am start of first swim wave at Queen's Beach, Sunday, July 23, 2017. Finish at Kapiolani Park.

**Distance:** 750 meter swim, 40 kilometer bike, 10 kilometer run (distances are approximate).

**Age requirement:** Participants must be 15 years of age or older on July 23, 2017.

**Entry Fee:** Entry fees are non-refundable (except if limit is reached). The right to reject any entry is reserved. Accepted applications are non-transferrable! You may not transfer or sell your place. Entry fee **includes** crew-neck 100% cotton T- shirt available at packet pick-up, and an award for each finisher.

**Deadline:** UPS postmarked by July 14, 2017.. Late registration will be accepted at The Bike Shop until July 18, 2017. **No race day sign-up.**

**Confirmation:** Cancelled check confirms acceptance. Notification of official acceptance will be e-mailed by July 19, 2017. For earlier confirmation, send stamped, self-addressed envelope with entry form. We are not responsible for entries lost in the mail.

**Aid station:** Official aid stations will be provided on the run course only. Individual support teams will not be allowed.

**Awards:** Each finisher will receive a commemorative award on race day. **Awards will go to the top three male and female finishers in all divisions.**

**Elite Division:** To qualify to compete in the Elite Division, the athlete must submit official documentation that he/she will be able to complete the entire race within 2 hours for men, and 2 hours and 20 minutes for women. Race officials will have final decision in selecting Elite Division participants. Elite participants are **not** eligible for Age Group awards.

**Individual Male and Female Age Divisions:** Elite, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49  
50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 and over

**Team Divisions:** Male, Female, Co-Ed (Each team **must** have 3 individuals)

**Military Team Divisions:** Active Duty Military Male, Female, Co-Ed (Each team **must** have 3 individuals)

**Clydesdale and Athena Divisions:** Males 220 pounds and above, females 160 pounds and above will be eligible. Weigh in on packet pick-up day.

**For Information:** Kayla Morinaga or Olga Caldwell or The Bike Shop at **(808)596-0588**

**Website:** <http://www.tinmanhawaii.com> **Email:** [tinman@bikeshophawaii.com](mailto:tinman@bikeshophawaii.com)

## COURSE DESCRIPTION

### **OCEAN SWIM – 750 Meters**

Start at Queen's Beach pier, swim east around the large buoy and head west to a buoy in the front of the swim finish transition area.

### **BIKE COURSE – 40 Kilometers**

Bike course will start from the transition area in Kapiolani Park. Cyclist will head out onto Kalakaua Ave. and ride up Diamond Head Rd. and Kahala Ave. Turn left on Kealaolu St., go right and merge onto Kalaniana'ole Hwy. eastbound till Lunalilo Home Rd. Make left turn, stay on Lunalilo Home Rd till cyclist makes a right turn onto Hawaii Kai Dr. At the corner of Hawaii Kai Dr. and Kealahou St, cyclist will make a u-turn and head back. Turn left at corner of Hawaii Kai Dr and Lunalilo Home Rd., turn right on Wailua, turn left onto Keahole St, then turn right to merge onto Kalaniana'ole Hwy west bound. Take right exit at Kilauea Ave. exit ramp, turn left onto Kilauea Ave.. Turn left on Elepaio, turn right on Kahala Ave., ride up Diamond Head Rd., and turn left on Kalakaua Ave. back to the transition area at Kapiolani Park.

### **RUN COURSE – 10 Kilometers**

Start at Run Exit west/ocean end of transition area. Head toward Kapahulu Ave. (Honolulu Zoo), turn right on Paki. Cross street at corner of Paki and Monsarrat Ave. and run up Monsarrat Ave and turn left on 18<sup>th</sup> Ave. Turn right on Kilauea Ave., turn right on Elepaio St., turn right on Kahala Ave., head up Diamond Head Rd., turn left onto Kalakaua Ave. toward the transition area and Finish Line.

MAHALO TO OUR SPONSOR



# 2017 Cliff Rigsbee TINMAN TRIATHLON ENTRY FORM (Please PRINT Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age (on 7/23/17) \_\_\_\_\_

Birthdate \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex (circle one) M F email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Division (please circle selection): Elite or Age Group or Team or Physically Challenged or Heavyweight

For **Team** entrants, circle: Male or Female or Co-Ed or Military (if apply) Name of Team: \_\_\_\_\_

**Teams:** Enclose separate entry forms for **3 team members** in a single envelope. **Circle one:** Swimmer, Cyclist or Runner

Entry Fees:	<u>Individual</u>	\$105 (thru 5-18-17)	<u>Relay Team</u>	\$135 (thru 5-18-17)
		\$115 (thru 6-18-17)		\$150 (thru 6-18-17)
		\$135 (thru 7-18-17)		\$165 (thru 7-18-17)

T-Shirt (100% Cotton – included in entry fee) Please circle size: S M L XL XXL

**Optional dri-fit Finisher T-shirt @\$15:** Please circle size: S M L XL XXL

**Donation:** Family and friends of Cliff Rigsbee is seeking donations to purchase and install a water fountain dedicated to his memory. The water fountain will be placed at Operation Red Wind Medal of Honor Park (aka Triangle Park) and will be a gift to the City and County of Honolulu. Would you consider making a donation to help us achieve this mission? Your contribution will be greatly appreciated.

Mail entry form and fees to: **Cliff Rigsbee Tinman Triathlon**  
 c/o The Bike Shop  
 1149 South King Street  
 Honolulu, HI 96814

Entry fee \$ \_\_\_\_\_  
 Optional Shirt \$ \_\_\_\_\_  
 Donation \$ \_\_\_\_\_  
**Total Amount \$ \_\_\_\_\_ enclosed**

***Payable to: ActivEd***

You can also register online at [Active.com](http://Active.com)

For Active Military participants: **\$15 off per registration**

**Please Read and Sign: ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this athletic event 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. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize the liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned maintained or controlled by them or because of their possible liability without fault.

I certified that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occurs to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: City and County of Honolulu, the State of Hawaii, ActivEd., their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed, I agree to allow my photo, video or film likeness to be used for any legitimate purpose for the event holders, producers, sponsors, organizers and or assigns.

This Accident Waiver and Releases of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

PLEASE PRINT Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

**PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PLEASE PRINT Parent or Guardian Name \_\_\_\_\_ Signature of Parents or Guardian \_\_\_\_\_ Date \_\_\_\_\_