

Maryland Coastal Bays Program  
9919 Stephen Decatur Highway, Suite 4  
Ocean City, MD 21842

# The 9th Annual

## Osprey Sprint



## TRIATHLON



October 4, 2008  
Public Landing, MD

[www.osprey-sprint.com](http://www.osprey-sprint.com)

## RACE INFORMATION

**DATE:** Saturday, October 4, 2008

**TIME:** 9:00 A.M. (SHARP)

**PLACE:** Public Landing, MD  
*(5 miles east of Snow Hill & 25 miles south of Ocean City)*

**DISTANCE:** .5 mile swim, 15.2 mile bike, 3.1 mile run

### REGISTRATION/DONATION:

\$75.00 (NO REFUNDS)

All entries should be received by Monday, September 29, 2008. Forms should be completed LEGIBLY and the WAIVERS signed, including the emergency contact and phone number.

**NOTE:** Copies can be made from this application. On-line registration can be completed by going to:

[www.active.com](http://www.active.com)

For more race information visit:  
[www.osprey-sprint.com](http://www.osprey-sprint.com)

### MAKE DONATIONS PAYABLE AND MAIL TO:

OSPREY TRIATHLON FUND  
9919 STEPHEN DECATUR HIGHWAY, SUITE 4  
OCEAN CITY, MD 21842

**CONFIRMATION:** Confirmation will be emailed and/or mailed upon receipt of completed application.

**RESULTS:** Race results will be available immediately and will be mailed within 5 days. Timing will be done by L&M Computer Sports, Inc. Check results at [www.LMSPORTS.com](http://www.LMSPORTS.com)

**COURSE:** The swim will be held in the shallow (4 to 8 feet) Chincoteague Bay. Average water temperature is 68°. Wet-suits are permitted. The swim is an in-water start with plenty of room to spread out and properly seed yourself. The bike route is a flat circular course, and the run is flat out and back along the Coastal Bay. The finish line will be at the Public Landing Boat Pavilion.

**AWARDS:** Awards will be given to the Top 3 Men and Top 3 Women within each category of the following groups:

#### OVERALL:

Top 3 Men—Top 3 Women

#### AGE GROUP:

Top 3 Men & Women For Each Age Group-  
U19, 20-24, 25-29, 30-34, 35-39,  
40-44,45-49, 50-54,55-59,  
60—64, 65-69, 70+

**AMENITIES:** Post race food, beginning at approximately 10:30 a.m., goodie bags, and t-shirts.

### FOR FURTHER RACE INFORMATION, CONTACT:

DAVID BLAZER, RACE DIRECTOR  
[davidblazer4@mchsi.com](mailto:davidblazer4@mchsi.com)  
410.208.3619

**PLEASE PRINT**

Triathlete Name:

\_\_\_\_\_  
 (First) (Last)

Address:

\_\_\_\_\_  
 (Number and Street or P.O. Box)

\_\_\_\_\_  
 (City) (State)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Zip Code) (Birthday)

Age on October 4, 2008 \_\_\_\_\_ Sex \_\_\_\_\_ Male  
 \_\_\_\_\_ Female

Telephone ( ) - Day  
 ( ) - Night

Email address \_\_\_\_\_

Shirt Size (please check one):

Med.     Large     X-Large     XX-Large



The Maryland Coastal Bays Foundation, the beneficiary of this event, works to protect and restore the Coastal Bays located behind Assateague Island and Ocean City, Maryland. Your participation will greatly help with this effort.

The undersigned, intending to be legally bound, as well as my heirs and personal representatives, do hereby indemnify, release and discharge representatives, employees, contractors, volunteers, sponsors, and successors of the Maryland Coastal Bays Foundation and County Commissioners of Worcester County (herein after called "Indemnities"), and assigns from any and all liability for injuries, death or damages from any and all loss, claims, or injuries to me or my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnify, and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court cost attorney's fees directly or indirectly arising from any action or other processing arising in any way from my participation in this program. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. I am physically able and have sufficient training for participation in the program. I hereby authorize medical treatment at my expense in the event of injury or illness during the program. I certify that I am 18 years of age or older. I acknowledge that the Indemnities provide no insurance protection for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature if under 18: \_\_\_\_\_

**MEDICAL INFORMATION**

These questions are absolutely necessary in case you should develop any physical problems during the race. This will also help our medical staff provide optimum medical care for all triathletes. **Safety is of utmost importance to us!!!**

1. Yes \_\_\_ No \_\_\_ 1. Do you have any current or recurring medical conditions?
2. Yes \_\_\_ No \_\_\_ 2. Are you on any medication?
3. Yes \_\_\_ No \_\_\_ 3. Do you have any known allergies?
4. Yes \_\_\_ No \_\_\_ 4. Are you hypersensitive to insect or bee stings?
5. Yes \_\_\_ No \_\_\_ 5. Do you have any physical limitations?
6. Yes \_\_\_ No \_\_\_ 6. Do you wish our medical staff to be aware of any specific medical problems?