Dover Duathlon

April 23, 2016

1.5 run — 8.5 bike — 1.5 run

Sure to please the athlete wanting to kick off their competitive season and those who may just want to try an introductory opportunity, this is the event for you. Taking place in Dover Park located on Dover's east side, the flat course for both running and biking will challenge you to sprint to the finish. Just \$68.00 per person.

So what should I expect?

- ✓ Dover Duathlon tech t-shirt*
 (*pre-register by April 8, 2016)
- √ Post Race breakfast (participants only)
- √ 1st, 2nd & 3rd Place awards, Male and Female in 10 year age groups, plus overall winners
- ✓ Fvent held rain or shine

Race Day Itinerary

- √ 6:30 am Registration Table open for Packet Pick Up & Body Marking
- √ 7:50 am Mandatory Pre-race meeting
- ✓ 8 am Race Begins
- √ 9:30 am Bicycle Course Closed

Bicycle / Pedestrian Subcommittee

The Bicycle/Pedestrian Subcommittee (BPS) created by the City of Dover's Safety Advisory & Transportation Committee in 2013 was tasked with identifying gaps in the bicycle & pedestrian network in Dover and identifying areas where the city can work together with local partners to improve the atmosphere for all bicyclists and pedestrians. The Dover Duathlon is one of many efforts to meet this initiative.

No matter your skill level, this is a great way to kick off the competitor in you!

Sponsors















City of Dover Parks & Recreation City of Dover Bicycle/Pedestrian Subcommittee of the Safety Advisory & Transportation Committee

PO Box 475 Dover DE 19903

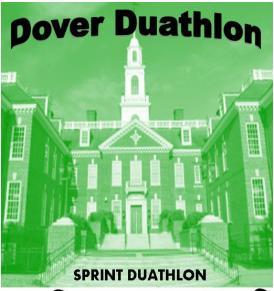
Phone: (302) 674-7541 Email: Parks@dover.de.us

Web: www.cityofdover.com/parks-recs-home



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Multisport Event

Dover DuathIon Registration Form

PARTICIPANT INFORMATION	1
First Name M.I. Last Name	Dover Resident Non-Resident
	Primary Phone
Street Address	rilliary Frone
	()
City State Zip Code	Secondary Phone
Email Address	Emergency Phone
Etitali Address	
Date of Birth: Age: T-shirt Size*:	5 Easy Ways to Register
	Over the phone with a Visa/MC/Discover, by
*Please note: T-shirts may not be available to those who register after April 8, 2016	calling (302) 674-7541
	Via US Mail or In person: Mail or bring completed
Registration Fee: \$68	Registration Form with payment to:
Important Things to know.	City of Dover Parks & Recreation
	10 Electric Avenue
No Refunds, unless the City of Dover cancels event.	Dover, DE 19904
You may not sell your entry slot.	Via Fax: Fax form w/credit card information to
Must be present to receive awards, nothing will be mailed.	(302) 678-2674
Kids & Dogs: please be sure to keep away from event course, transition areas, etc. Doct race food is for registered competitors only all may stay for award coromony. Please food is for registered competitors only all may stay for award coromony.	(302) 076-2074
Post race rood is for registered competitors only, all may stay for award ceremony.	Online: www.maxsolutiononline.com/cityofdover
 Race will be held rain or shine (if weather is extreme, this is subject to change). 	OR www.trisportsevents.com
Inaugural Event April 23, 2016	
RELEASE STATEMENT:	
Statement of Waiver: I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the City of Dover, employees of the City, volunteers, TriSports Events Management, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insur-	
ance coverage is provided by the City of Dover Parks and Recreation Department. I further give permission for proper emergency care to be rendered to my	self or child should I not be available or able to give such permis-
sion. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the of any claims on my behalf.	ne right to use such photographs and/or films whenever so desired free
Signature of adult participant / If under 18, parent/legal guardian Date	
D	
Cash Check # Amount Paid Visa MC Discover	
Y I S	
Card Number Name on Payment Check (if different than registrant name)	,
	Exp. Date: /