

Dover Duathlon

April 6, 2019

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. With early bird registration fees starting at \$55 per competitor.

So what should I expect?

- ✓ Dover Duathlon tech t-shirt*
(*pre-register by March 15, 2019)
- ✓ Post Race breakfast (participants only)
- ✓ 1st, 2nd & 3rd Place awards, Male and Female in 10 year age groups, plus overall winners (subject for change)
- ✓ Event 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

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

Your company name & logo could be here!!
Call us today for sponsor package information
at (302) 736-7050 or visit us on the web:
www.cityofdover.com/Bicyclists-and-Pedestrians/



Bike Line

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



Phone: (302) 674-7541

Email: Parks@dover.de.us

Web: www.cityofdover.com/bicyclists-and-pedestrians



Dover Duathlon



4th Annual Sprint Duathlon

April 6, 2019

Multisport Event

Dover Duathlon Registration Form

PARTICIPANT INFORMATION

First Name

M.I.

Last Name

Street Address

City

State

Zip Code

Email Address

Date of Birth:

Age:

T-shirt Size*:

**Please note: T-shirts may not be available to those who register after March 25, 2018*

Registration Fee: \$55 Now - Jan. 31, 2019 / \$60 Feb. 1 - Mar. 15 / \$68 After Mar. 16th

Important Things to know:

- ◆ No Refunds, unless the City of Dover cancels event.
- ◆ You may not sell your entry slot.
- ◆ Must be present to receive awards, nothing will be mailed.
- ◆ Kids & Dogs: please be sure to keep away from event course, transition areas, etc.
- ◆ Post race food is for registered competitors only, all may stay for award ceremony.
- ◆ Race will be held rain or shine (if weather is extreme, this is subject to change).



Dover Resident

☐

Non-Resident

☐

Primary Phone

Secondary Phone

Emergency Phone

How to register:

Over the phone with a Visa/MC/Discover, by calling (302) 674-7541

US Mail or In person: Mail or bring completed Registration Form with payment to:
City of Dover Parks & Recreation
10 Electric Avenue
Dover, DE 19904

Via Fax: Fax form w/credit card information to (302) 678-2674

Online: *Coming soon!*

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, contractors including Lin-Mark Computer Sports, 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 insurance coverage is provided by the City of Dover Parks and Recreation Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. 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 right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Signature of adult participant / If under 18, parent/legal guardian

Date

PAYMENT METHOD

Cash

☐

Check #

Amount Paid

Credit Card Payment Type:

Visa

☐

MC

☐

Discover

☐

Name on Payment Check (if different than registrant name)

Card Number

Exp. Date: ____ / ____

Security Code: ____

Name on Card: _____