

LIMITED TO THE FIRST  
125 TO REGISTER!!

# REVERSE TRIATHLON

**RACE LOCATION:**

USAG-HI Schofield Barracks, Richardson Pool  
January 25, 2020, START TIME is 7:00 a.m.  
REGISTER at any ARMY HAWAII Fitness Center

**RACE ROUTE:**

Start/ Transition/ Finish are at the Richardson Pool.  
Run 5K out and back on Trimble Rd. Bike 10 miles on  
South Range Rd. Return to Richardson pool for a 500  
meter lap swim course (50 meter pool length).

**ENTRY FEE:**

**INDIVIDUAL**- \$35.00 early, through January 6, 2020

**INDIVIDUAL**- \$45.00 late, January 7 - 23, 2020

**TEAM of 3**- \$55.00 early, through January 6, 2020

**TEAM of 3**- \$65.00 late, January 7 - 23, 2020

(One race t-shirt per person included in team entry fee)

**RACE DAY: INDIVIDUAL**- \$50.00 / **TEAM**- \$70.00.

5:30-6:45a.m. CASH ONLY on race morning.

12 years old and under must be accompanied by a  
registered race participant/guardian AT ALL TIMES.



**5K  
Run**



**10  
Mile  
Bike**



**500  
Meter  
Swim**

**CHECK IN:**

Transition opens at 5:30 a.m. on race morning.  
Mandatory race brief at 6:45 am. for all participants.

**AWARDS:**

Awards given to the top 3 overall winners, and  
the top 3 in each age group (male and female).  
TOP three overall teams will also receive awards  
(men's/women's/mixed division)

**PACKET PICK-UP:**

Schofield HFC, 1554 Trimble Rd., bldg 582.  
Wednesday, January 22, 12:00-7:00 p.m.  
Thursday, January 23, 7:00 a.m. - 7:00 p.m.  
NO PACKET PICKUP ON FRIDAY JANUARY 24, 2020

*STROLLERS AND PETS NOT PERMITTED ON COURSE*

**CONTACT:**

Call 808-655-5975 or check out HiMWR.com/race for  
more information and future MWR races.

IF YOU ARE ENTERING AS AN INDIVIDUAL, FILL IN ONLY THE RUNNER SECTION. PLEASE PRINT LEGIBLY. REGISTRATION FEE IS NON-REFUNDABLE

**INDIVIDUAL  
OR  
TEAM RUNNER**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ T-shirt size: XS / S / M / L / XL/ XXL

Email: \_\_\_\_\_

DATE OF BIRTH: Mo. / Day / Year AGE: \_\_\_\_\_ SEX: M / F

STATUS: AD / FM / RET / DOD / CIV

**TEAM  
BIKER**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ T-shirt size: XS / S / M / L / XL / XXL

Email: \_\_\_\_\_

DATE OF BIRTH: Mo. / Day / Year AGE: \_\_\_\_\_ SEX: M / F

STATUS: AD / FM / RET / DOD / CIV

**TEAM  
SWIMMER**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ T-shirt size: XS / S / M / L / XL/ XXL

Email: \_\_\_\_\_

DATE OF BIRTH: Mo. / Day / Year AGE: \_\_\_\_\_ SEX: M / F

STATUS: AD / FM / RET / DOD / CIV

\*\*\*\*\***TEAM NAME:** \_\_\_\_\_\*\*\*\*\*

**HOLD HARMLESS RELEASE. READ CAREFULLY (MUST BE SIGNED)**

I am aware that participation in the DFMWR Reverse Triathlon is potentially hazardous. I should not enter unless I am medically able and properly trained. I assume all risks associated with participation in this event including but not limited to falls, contact with other participants, traffic, weather variations to include high heat and humidity and the condition of the road. Having read this waiver and knowing these factors and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, release the sponsors of the Triathlon, the USAG-HI/Directorate of Family and Morale, Welfare and Recreation, the United States Government, Run officials and volunteers from all claims or liabilities of any kind arising from my participation in this event even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use photograph, motion picture or any recording of this event for any legitimate purpose. Please keep in mind the course is subject to change due to construction and/or circumstances beyond our control. By acknowledging this waiver I agree to the rules and regulations of the Reverse Triathlon.

**INDIVIDUAL OR TEAM RUNNER** SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TEAM BIKER** SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TEAM SWIMMER** SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: \_\_\_\_\_

DATE: \_\_\_\_\_



**MAIL CHECK OR MONEY ORDER & COMPLETED REGISTRATION FORM TO:**

Schofield Health and Fitness Center  
ATTN Kristen Osborn  
1554 Trimble Rd., BLDG 582  
Schofield Barracks, Hawaii 96857

**DO NOT mail payments postmarked after January 20, 2020. Payments postmarked after January 20, 2020 are not guaranteed to be processed.**

**Checks must be made out to: USAG-HI, IMWRF FFC (HS)**

**Include the following information on the check/money order:  
GENERAL PUBLIC/ DOD CARDHOLDER: Phone Number  
MILITARY: Rank, Service, Unit, and Phone Number**

**Sample Check**

(Rank/Service/Unit) & Phone Number

JOHN DOE 1234 NEVERLAND DRIVE WAHIAWA, HI 96786	<i>CPT/Army A Co 1-27 In 808-624-1234</i>	1234
PAY TO THE ORDER OF	<b>USAG-HI, IMWRF FFC (HS)</b>	\$ <b>\$\$\$</b>
<b>WRITE AMOUNT HERE \$ AND 00/100</b>		DOLLARS
EVERYDAY BANK, USA		<i>John Doe</i>
MEMO: <b>Reverse Triathlon</b>		
"1234"	"919191919"	"123456789"

**\*Select your corresponding entry fee below by checking the appropriate box or writing in the number per entry type covered with this payment:**

- INDIVIDUAL EARLY:** Postmarked by January 6, 2020: **\$35.00**
- INDIVIDUAL LATE:** Postmarked January 7-20, 2020: **\$45.00**
- TEAM EARLY:** Postmarked by January 6, 2020: **\$55.00**
- TEAM LATE:** Postmarked January 7-20, 2020: **\$65.00**

**TOTAL ENCLOSED: \$ \_\_\_\_\_**