

Awards/cash prizes determined by total of fees received. Boat and bike placement determined by order of registration.

Friday, September 17, 2010, at Chief Ladiga Campground, Piedmont, Alabama

- Pre-Race Check-in and packet pick up: 1PM to 7PM
- On-Site registration from 8:00 AM until 12 PM. (check or cash only)
- Pre-Race Dinner – 6:00 PM

Saturday, September 18, 2010

- Race Day Check-In: 7AM to 9AM – Chief Ladiga Campground, Piedmont
- Race Start: 10:00AM – Chief Ladiga Campground, Piedmont
- Race Ends: 4:00PM – Eubanks Welcome Center, downtown Piedmont
- Race Awards/Prizes/Post Race Meal: - 5:00PM – Eubanks Welcome Center

Cost

- Individual
 - Until May 31 - \$60
 - June 1 – August 31 - \$75
 - Sept 1- Sept 17 \$90
- Team
 - Until May 31 - \$120
 - June 1 – August 31 - \$160
 - Sept 1 – Sept 17 - \$185

There are no refunds unless event is cancelled. Included in the registration fee is a pre-race and post-race meal for each participant. Non-race participants may purchase a meal if available.

Insurance

For USA Triathlon paid-up members there is no fee for insurance but entrants must sign and provide membership number on waiver form. Non-members have to purchase a one-day USAT qualification.

Race rules

www.alabamascenicrivertrail.com/events (download the PDF)

Boats

Entrants must bring or rent their own boat. The vendors listed below have agreed to rent boats for this event.

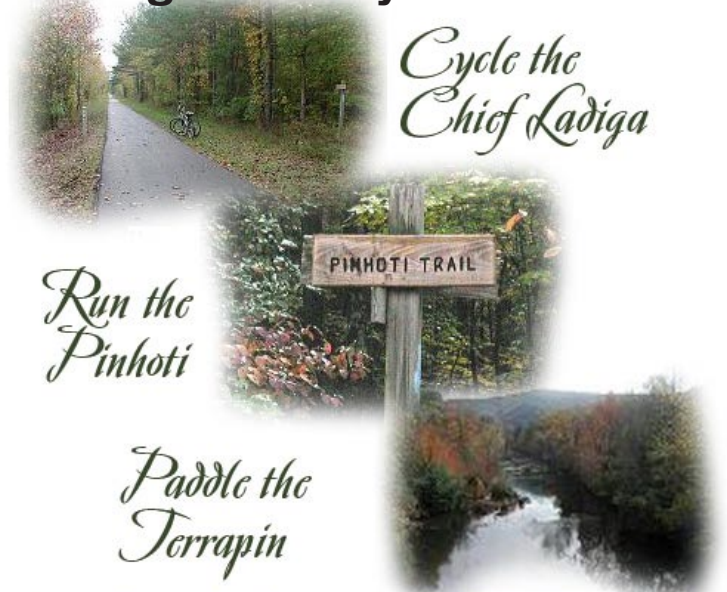
Cedar Creek RV & Outdoor Center - 706-777-3030
Larry's Kayak Rentals - 256-447-6990
Nelson's Kayak Rentals - 256-504-8690
Tallapoosa River Outfitters - 256-239-6399
Terrapin Outdoor Center – 256-447-6666

Complete and send registration form (on back of this flyer) and checks (payable to Alabama Scenic River Trail) to:
Mike Galloway, PO Box 1087, Anniston AL 36202

Terrapin Tri-County Adventure Race

September 18, 2010

Register early and save!



Come take part in this special event at the confluence of Alabama's three most important recreational trails.

**JOIN US IN BEAUTIFUL
NORTHEAST ALABAMA**

This race will be 3 to 6 hours of challenging trail running, creek paddling and biking. The format is teams of three (each member, one venue) or individual (age 18 by December 31, 2010). The total race distance of 41.5 miles includes a 10K run, 1.5 mile paddle and a 33.8 mile bike course. Route encompasses three of Northeast Alabama's premiere recreational areas located within the tri-county area of Calhoun, Cleburne and Cherokee - the Chief Ladiga Biking Trail, the Pinhoti National Recreational Hiking Trail, and the Terrapin Creek Canoe Trail. The race will finish at the Eubanks Welcome Center in downtown Piedmont, Alabama.

See more information online at www.alabamascenicrivertrail.com.



An Alabama Scenic River Trail event



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WEBSITE: www.alabamascenicrivertrail.com

Team Member #1 or individual

Team Name

Gender (circle) Male Female Birthdate.....

Participant's Full Name

Address

City.....State.....ZIP.....

Phone (.....).....Email

T-shirt size (circle) M L XL XXL

Required Medical Information—print and submit one per participant and staple to Team Member Form

Please print clearly!

Name Date Height.....
Weight..... Sex Age..... Birthday

General Physical Condition

- Have daily aerobic exercise routine; do not get winded walking up 3 flights of stairs
- Participate in active sports
- Irregular exercise routine;slightly winded after 3 flights of stairs, participate in active sports
- No regular exercise program; winded after 3 flights of stairs
- No regular exercise (medical problems)

Do you have any of the following?

Fear of heights?.....Details

History of Heart Problems? Details

History of Diabetes?..... Details

History of Seizures? Details

History of Infectious Diseases? Details

High Blood Pressure?..... Details/Last Reading/Date

Previous injury or ailment that may give you trouble occasionally?
.....

Other medical problems

Please list any allergies and whether your reactions are severe or moderate

Medicines.....

Bees.....

Insects.....

Foods.....

Plants.....

Other.....

List any medications taken on a regular basis

.....

.....

What condition does the medication(s) treat?.....

.....

Any dietary restrictions?.....

Are you pregnant? If so, how long?

Doctor's Name/Number

Name & Number of emergency contact person

Insurance Company Name

Policy number.....

Team Member #2

Team Name

Gender (circle) Male Female Birthdate.....

Participant's Full Name

Address

City.....State.....ZIP.....

Phone (.....).....Email

T-shirt size (circle) M L XL XXL

Team Member #3

Team Name

Gender (circle) Male Female Birthdate.....

Participant's Full Name

Address

City.....State.....ZIP.....

Phone (.....).....Email

T-shirt size (circle) M L XL XXL