

COURSE INFORMATION

Swim – Sprint: 750m Olympic: 1500m

Swim begins at Rotary Beach on Tuc-el-nuit Lake and heads out parallel to the shore for 375 meters and returns to the start point. Course is 6' – 8' deep water and there will be boats and lifeguards for assistance if required.

Olympic course is 2 loops with swimmers exiting the water after the first lap.

Bike – Sprint: 20km Olympic: 40km

From the transition area, cyclists turn left and head south along 71st St., then onto Black Sage Rd. and up a 750 m climb. The course continues to the turnaround at Inkameep Rd., returning back towards and past transition. Cyclists then proceed along 71st toward Highway 97. Just before the Highway is the turnaround and the return to transition. *Cyclists must be aware of vehicle traffic while on the cycle route.*

Olympic course travels south out Black Sage Rd. and is one loop around Oliver. This course is one loop of the Persona Oliver Half Iron bike course. See course map on website for complete details.

Run – Sprint: 5km Olympic: 10km

The run is on a fairly flat course consisting of a 2.5 k out-and-back for the Sprint course. Runner's head out north on 81st St., turn left where the road meets 87th St. and continue to the turnaround just before 364th Ave. Olympic run course consists of 2 loops.

OUR SPONSORS

We would like to thank the Oliver Chamber of Commerce and the rest of our sponsors for their continued support!

TITLE SPONSOR



SPONSORS



Mail Entry Form and Payment to:
Outback Events
4310 Hazell Road
Kelowna, BC V1W 1P8
www.outbackevents.ca

Race Entry Include:
Shirt, Chip Timing
Draw Prizes and Post Race Meal

8TH ANNUAL

OLIVER WINE CAPITAL OF CANADA TRIATHLON

SUNDAY, MAY 16, 2010 AT 8:30 AM

SPRINT: 750M SWIM | 20K BIKE | 5K RUN
OLYMPIC: 1500M SWIM | 40K BIKE | 10 RUN

Brought to you by the

Oliver and District Chamber of Commerce

www.oliverchamber.bc.ca



www.winecapitalofcanada.com

Visit, race, relax and tour the
"Wine Capital of Canada"



www.tribc.org

Entry Fees	Before Mar 1	Mar 1 - Apr 30	May 1 - May 15
Olympic Tri	\$90.00	\$100.00	\$115.00
Relay Team	\$120.00	\$140.00	\$160.00
Sprint Tri	\$75.00	\$85.00	\$95.00

RELAY TEAMS OLYMPIC DIST ONLY

No Refunds (No exceptions)

Minimum Age 16 years

SCHEDULE

May 15 – Saturday

2:00 – 5:00 pm | Package Pick-up

Located at Oliver Parks and Recreation, 36003 – 79th Street. ID must be shown, waivers must be signed and all fees paid before the race package will be issued.

5:00 – 6:00 pm | Pre-Race Meeting

Located at the Oliver Parks and Recreation Main Hall. This is the time to ask questions, so please be in attendance.

May 16 – Sunday

7:00 am | Bike Lot Open

The bike lot is located at Rotary Beach. Body marking and timing chips will be provided to athletes at this time. Parking will be available along 71st Street. Package pick up on Sunday is only available if prior arrangements have been made.

8:30 am | Race Start

The race starts from Rotary Beach, just around the corner from the transition area. TriBC rules will be effect and timing will be provided by *Race Headquarters*. If wave starts are required the decision will be announced at the pre-race meeting.

9:10 am | Swim Course Closes

12:00 noon | Post Race Awards & Lunch

Located at Rotary Beach. If weather is poor this will be held at Oliver Parks and Rec.

Post Race | Awards

16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+ & Overall Relay

Prizes will be awarded for first, second and third in each category!

WINE CAPITAL OF CANADA TRIATHLON 2010

Last Name: _____

First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (H) (____) (W) (____)

Sex: M F (Circle) Birth date: _____

E-Mail: _____

Age on Dec. 31, 2010: _____

T-shirt size: S M L XL

__ Olympic Triathlon

__ Sprint Triathlon

__ Triathlon Relay (**Olympic distance only**)

Team Name: _____

Relay position: Swim Cycle Run

(Teams Must Submit Entries Together) Team

Category: Mix__ Men__ Women__

Amount enclosed: Entry fee: \$ _____

Tri BC # _____

Add \$15 if not a TRI BC Association Member. Team entries **add \$** per member.

(Photo ID and TRI BC membership card must be shown at race package pick-up)

TOTAL \$ _____

Waiver: In my entry for this race, I, the undersigned, intending to be legally bound, hereby for myself, my heirs and administrators, waive and release I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the Wine Capital of Canada Triathlon Event, THE FOLLOWING PERSONS OR ENTITIES: WCOC Sprint, Outback Events Ltd, Triathlon BC, Town of Oliver, Oliver Parks & Recreation Society, Ministry of Transportation and Highways, Ministry of Water Lands & Parks, School District 53, event sponsors, event directors, event producers, volunteers, all venues in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above; I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and I hereby agree that in the event of cancellation due to a storm, rain, winds, inclement weather, or other "Acts of God" conditions, my registration fee shall not be refunded. I hereby grant permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any

other record of the event for any purpose including commercial use. I understand that my email address and contact information will be shared with the Official Event photographer.

In witness thereof, I have under sent my hand this _____ day of _____, 2010.

Athlete's Signature (parent/guardian if under 19)

Witness name (print)

Witness signature

Past triathlon information or 2010 season goals (for the race announcer): _____

Medical Information: *MANDATORY INFORMATION*

1. Do you have any current or chronic medical problems followed by a doctor?
2. Are you on any medications?
3. Are you allergic to any medications or insect stings?

If you answered yes to any of these questions please provide the answers below:

1. _____
2. _____
3. _____

Emergency Contact Information:

Emergency Contact: _____

Relationship: _____

Phone Number: _____

****Note: We need a contact number of someone who will be with you on race day, not racing, and the number to reach them on race day****