

(For Office Use Only)

Rec'd _____

Entry complete _____

Race No. _____

STRONGMAN

ALL JAPAN TRIATHLON MIYAKOJIMA

[2010 APPLICATION FORM]

RACE DAY: Sunday April 18th, 2010

Attach photo here

Size 3cm x 4cm

Print name on back

Application is incomplete without signed photo.

PLEASE TYPE OR PRINT CLEARLY.

LAST NAME (Family Name)

FIRST NAME

Male Female

Date of Birth (Day, Month, Year) Age on race day Height cm Weight kg RH Blood type

Mailing address and/or P.O. Box

City

State/Province

Zip/Postal code

Country

Phone (Home)

Phone (Work)

Fax (Home)

Email address (please print clearly)

Emergency contact person

Emergency Phone or Fax

Occupation

Country you will represent (different from mailing address)

Personal History

| Significant race achievements in recent years | | | | | |
|---|------|-----------------|--------------|---------------|--|
| Name of event | Year | Course distance | Overall time | Overall place | |
| | | km | | | |
| | | km | | | |
| | | km | | | |

* Strongman triathlon experience: ()/None

* Number of prior triathlon experience (Long type): ()/None

* Swimming experience: () Years () Months 1.5km/() minutes

* Bike experience: () Years () Months 50km/() minutes

* Marathon experience: () Years () Months 10km/() minutes

BEFORE MAILING APPLICATION, PLEASE MAKE SURE YOU HAVE COMPLETED THE FOLLOWING:

1. The application form must be completed and signed by each intending competitor.
2. Three photographs must be sent. (Attach one to this application form)
3. Non-Japanese competitors must attach a copy of their passport.
4. The certified record of your 1.5km swim must be submitted.

Strongman Triathlon Committee
186 Nishizato, Hirara, Miyakojima City,
Okinawa, 906-8501 Japan

Contact: International Coordinator
Phone: +81-980-73-1046 Fax: +81-980-73-5801
Email: t-masumi@city.miyakojima.lg.jp

THE 26th ALL JAPAN TRIATHLON MIYAKOJIMA

CONDITIONS FOR ENTERING RACE

In consideration of the acceptance of my entry in the Strongman Triathlon, I hereby pledge to abide by the following statements as a condition for the 26th Annual All Japan Triathlon Miyakojima.

1. I hereby agree to abide all the agreements, rules and instructions formed by the Strongman Promoter and also I agree to withdraw from the race in the case that an abnormality is felt in my physical condition.
2. I hereby acknowledge that I take sole responsibility for my personal possessions and athletic equipment during the Strongman Triathlon event and its related activities.
3. I expressly acknowledge and agree that the race could be dangerous and involves the risk of serious injury and/or death. I hereby agree, in case of such an incident, regardless of cause; not to seek indemnification beyond the coverage from the Strongman Triathlon Committee and the people who are involved in the Strongman Triathlon event.
4. I attest and verify that I am physically fit and have sufficiently trained for the Strongman Triathlon and that my physical condition has been verified by a licensed medical doctor.
5. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Strongman Triathlon event.
6. I hereby permit the free use of my name and picture in promotional materials, broadcasts, telecasts and the press as they pertain to the Strongman Triathlon event.
7. I hereby agree that in the event of a race or parts of race cancellation due to an inclement weather or other severe conditions, my entry fee shall be non-refundable.
8. I hereby pledge that all my documents such as the entry form and others are correct and genuine. My family and I understand above-mentioned conditions and accept them.

Printed or typed name of participant

Written signature of participant

Date (Month/Day/Year)

Signature of witness

Medical Questionnaire

The following information is crucial to the Medical Staff of the Strongman Triathlon to ensure proper care in the event of accident or illness during the race. If you answer YES to any of the following questions, please complete your response in the space provided below. Attach any additional sheets if necessary.

Yes No (Check)

1. Are you now in any way ill or under doctor's care for any previous illness?

Details _____

2. Are you using any medication?

Details _____

3. Do you have any allergies or adverse reactions to any medications?

Details _____

4. Are you particularly sensitive to any insect bite or that of any sea animal?

Details _____

5. In the past, have you ever had a doctor's examination for heart disease?

Details _____

6. Do you have any particular disease, condition or symptoms that you wish the Strongman Medical Staff to know about?

Details _____