

SUNDAY
MAY 1, 2022

20TH ANNUAL POSSABILITIES TRIATHLON, 5K AND KID'S TRIATHLON



5K starts at 7 a.m.

Adult Triathlon

Starts at 7 a.m.
3.1 mile run/walk/roll
11 mile bike

150 yard swim

Kid's Triathlon

Starts at 9 a.m.
1/4 mile run/walk/roll
1/4 mile bike
25 yard swim

All participants will receive official finish times and a finisher medal. First, second and third place medals in all adult age divisions. Prize payouts for challenged athletes only.

PossAbilities provides resources and opportunities for people with diverse disabilities.

Register online at [active.com](https://www.active.com), search PossAbilities. For more event information or to volunteer, go to [teampossabilities.org](https://www.teampossabilities.org) or call 909-558-6384.



LOMA LINDA UNIVERSITY
HEALTH

PossAbilities

Many Strengths.
One Mission.

Male Age _____

Female DOB _____

Event Categories

- | | |
|--|-------------|
| <input type="checkbox"/> Challenged Athletes | FREE |
| <input type="checkbox"/> Kids Triathlon | \$20 |
| <input type="checkbox"/> 5K | \$35 |
| <input type="checkbox"/> Adult Triathlon | \$75 |
| <input type="checkbox"/> Adult Triathlon LLU Student | \$40 |
| <input type="checkbox"/> Adult Triathlon Student Relay | \$65 |
| <input type="checkbox"/> Adult Triathlon Relay | \$100 |

Relay Team Participants

Run/Walk/Roll _____

Swim _____

Bike _____

Team Name _____

Adult Triathlon & 5K

Individual (check age range)

- | | | |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 15&Under | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 16-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70+ |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | |

Kids Triathlon

- 0-4 5-6 7-8 9-10 11+

Challenged Athletes

5K

- Amputee (Ambulatory)
 Day Chair
 Power Chair
 Race Chair
 Other

Challenged Athletes Triathlon

- TR 1 TR 2 TR 3 TR 4 TR 5 TR 6

TRI 1 – Handcycle: Paraplegic, quadriplegic, polio, double-leg amputee.

TRI 2 – Severe leg impairment: Above-knee amputees.

TRI 3 – Les Autres: Includes athletes with multiple sclerosis, muscular dystrophy, cerebral palsy, double-leg amputee (runners) or paralysis in multiple limbs.

TRI 4 – Arm impairment: Including above and below elbow amputees or “impairment” in one or both upper limbs.

TRI 5 – Moderate leg impairment: Below-knee amputees.

TRI 6 – Visual Impairment: Legally blind.

RULES FOR THE TRIATHLON

ANSI or Snell approved helmets are required. You are responsible for your own safety and working condition of your bicycle. Mandatory bike check on race morning before you enter transition area. Participants only allowed in transition area.

For the safety of our participants and local residents, you may be instructed to come to a complete STOP at the corner of Campus Street and Barton Road. Please follow the instructions of course staff when approaching this intersection.

PossAbilities Triathlon • Sunday, May 1, 2022 • Entry Form

Waiver must be signed. Photocopies accepted. For more information, call 909-558-6384.

First Name (please print) _____

Last Name _____

Address _____

City _____

State _____

ZIP _____

Daytime Phone _____

Email _____

- Mail to **PossAbilities**
25455 Barton Road, Suite 109A
Loma Linda, CA 92354
- One form per participant.
- Make checks payable to PossAbilities.
- Pre-registration closes
Friday, April 29, at 2 p.m.
- Race day registration opens at 5:30 a.m.
- Cash and checks only on race day.
- Early registration packet pick-up on Saturday,
April 30, at the Drayson Center Soccer Field at
sunset around 7:30-8:30 p.m.
- Prize payouts for challenged athletes only.

Waiver (All participants must sign)

In consideration of the acceptance of my entry, I the undersigned, intending to be legally bound, for myself, my executors, administrators and assignees, do hereby waive and release the sponsors of this race, Loma Linda University Medical Center, PossAbilities, Gemini Timing, City of Loma Linda, San Bernardino County Sheriff's Department, Drayson Center and all persons and agencies connected with this race from all claims arising from my participation in and travel to and from this event. I also certify that I am physically fit and adequately trained to participate in this event. I also allow PossAbilities to use photographs of me and the race to be used in any promotional material. Race takes place rain or shine, no refunds.

Signed _____

Date _____

(Guardian or legal representative if runner is under 18 years of age.)