



# UMUK 515 APPLICATION FORM

3<sup>rd</sup> September – 5<sup>th</sup> September 2027

## QUALIFICATION FOR ENTRY

Entry to UMUK 515 is by invitation only. Organisers will select and invite athletes on a first come, first served basis as the applications are received and if otherwise qualified. The selection of invitees will be based upon the experience, qualifications and criteria met for each applicant.

It is recommended that the applicant will have completed at least one ironman distance race within the previous 18 months of the event being applied for. Other ultra-distance events are also considered as qualifiers assuming they have distances equal to or greater than ironman distances. Other solo long-distance events are considered if it is deemed they require the planning and training that would be of benefit to the athlete doing UMUK 515.

**NO ENTRY FEES – Instead, each athlete must commit to raising money through our crowdfunding page. More details can be found on [www.gofundme.com/f/umuk-triathlon-2027](http://www.gofundme.com/f/umuk-triathlon-2027)**

The event does NOT INCLUDE the following: flights, accommodation, transportation to and from the race venue, meals, nutritional needs, race supplies, vehicle rental or medical support additional to First Aid (e.g. hospital treatment). It is the responsibility of the competitor to cover ALL the expenses of the support team members unless otherwise previously agreed between them.

## ACCEPTANCE

You will be notified via email within 7 days as to the status of your application. Your entry will only be secured once you have raised the minimum target in our crowdfunding page.

## REFUNDS and WITHDRAWALS

Money raised will ONLY be refunded if the event does NOT take place. Athlete withdrawals must be received by email to [info@ultramantriathlon.uk](mailto:info@ultramantriathlon.uk) and will be acknowledged by return email.



## IMPORTANT ADVICE

This event offers the well-trained and committed individual one of the greatest endurance challenges. Before sending in your application, however, do not overlook (1) the need for proper care and training of your team members - you may not make it without them, and (2) the considerable financial and personal commitment needed to successfully participate.

Remember, too, that unless you have adequately planned and are sufficiently trained your ability to finish will not be good.

1. Please read thoroughly the Application Form, UMUK Rules and Guidelines.
2. Answer all questions in the spaces provided. Be concise, relevant, and complete.
3. Sign and date in the spaces provided. Return completed application to [info@ultramantriathlon.uk](mailto:info@ultramantriathlon.uk)

## REGISTRATION DETAILS:

**SURNAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_ **HOME/WORK PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **WEBSITE (if applicable):** \_\_\_\_\_

**DATE OF BIRTH (dd/mm/yyyy):** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ATHLETE SHIRT SIZE (please circle):**    **Small**    **Medium**    **Large**    **Extra Large**



The following questions offer you the opportunity to provide pertinent information about your background and qualifications regarding endurance sports and ultra-distance events. Your answers and apparent ability to finish the event will be of significant value in determining whether or not you receive an invitation.

1. Tell us the name, date and distances of the longest triathlon you are planning to take part in or that you have completed, in the 18 months prior to this event. (give your estimated times or actual race times if completed)

NAME OF EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
DISTANCES: SWIM: \_\_\_\_\_ (miles/km) TIME: \_\_\_\_\_  
BIKE: \_\_\_\_\_ (miles/km) TIME: \_\_\_\_\_  
RUN: \_\_\_\_\_ (miles/km) TIME: \_\_\_\_\_

2. Tell us about any other major endurance event you are planning to take part in or that you have completed, in the 18 months prior to this event (use an additional page if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Summarise your experience of race crewing, whether as an athlete or a crew. If you do not have any, do you have plans to gain any experience before UMUK? Please detail what you understand about race crewing (use an additional page if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEFORE E-MAILING, BE SURE THE APPLICATION IS COMPLETELY FILLED OUT AND SIGNED.  
INCOMPLETE APPLICATIONS WILL BE RETURNED.

SIGNATURE: \_\_\_\_\_



## ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY (AWRL)

### Please read carefully before signing

I ..... acknowledge that a triathlon is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS AND UMUK 515, IN PARTICULAR. I certify that I am physically fit, have sufficiently trained for participation in these events, and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by Racing Quest (UK) Limited and are being relied upon by Racing Quest (UK) Limited and the various race sponsors, organizers and administrators in permitting me to participate in UMUK 515.

In allowing me to participate in UMUK 515, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a) I AGREE to abide by the Competitive Rules, including the Medical Control Rules, as they may be amended from time to time, and I acknowledge that my participation may be revoked or suspended for violation of the Competitive Rules;
- b) I WAIVE, RELEASE, 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 travelling to and from the UMUK 515 event, THE FOLLOWING PERSONS OR ENTITIES: event sponsors, race directors, event producers, volunteers, all counties or localities in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above;
- c) 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;
- d) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during UMUK 515.

I HEREBY CONFIRM THAT I WILL BE AT LEAST 18 YEARS OF AGE OR OLDER AT THE START OF UMUK 515 2027, I HAVE READ THIS DOCUMENT AND I UNDERSTAND THE CONTENTS WITHIN.

### ATHLETE

Name: \_\_\_\_\_ (Print) Signature: \_\_\_\_\_

Date: \_\_\_\_\_