

JULINGTON CREEK PLANTATION CDD PRESENTS:

TRI CLINIC WITH TJ TOLLAKSON

JANUARY 29 - 31, 2010

TJ Tollakson is a professional triathlete hailing from Des Moines, IA. Below are some of his most recent results...

- 2009 Ironman Arizona 2nd 8:20:22 (50:04 - 4:25:29 - 3:01:19)
- 2009 Ironman Coeur d'Alene 2nd 8:42:03
- 2008 Ironman Arizona 2nd 8:34:36



CLINIC SCHEDULE: (All Meals & Snacks provided by JCP + Goodie Bag & t-shirt)

Friday: Jan. 29th

- 8:00-9:00 am Breakfast with TJ
- Introduction, brief bio, goals, coaching, etc.
- 9:00-10:00am Short Run (30-40 min) with drills
- 10:00 - 11:00am Lecture-Running: how to make the most of your run training without getting injured
- 11:00 - 12:00 Lunch
- 12:30 - 2:30pm Bike: 2 Hours aerobic
- 3:00 - 4:00pm Nutrition-Fueling for Ironman, preparing a plan, calculating caloric needs, and problem solving on race day (snacks provided during lecture)

Saturday: Jan. 30th

- 6:30am - 7:30am Breakfast with TJ
- 7:45- 9:30am Swim: 3,000- 3,500 POOL(includes shower time)
- 9:30 - 10:00am Short Meal
- 10:00 - 3:00 Long Bike Ride: 3.5 hours - 5 hours, depending upon your fitness level and race calendar. We will practice race nutrition and goal pacing strategies
- 3:15 - 4:00pm Run (30-40 min) Transition running with a purpose
- 4:15-5:00pm Shower @JCP
- 5:15- 7:00pm Dinner and Lecture-Recovery and strength training: How to get the most out of each training session

Sunday: Jan. 31st

- 8:00- 9:30 am Long Run
- 9:30- 10:30am Breakfast with TJ
- 10:45- 12:00 Swim: recovery/technique session
- 12:00 - 1:00pm Shower @JCP
- 1:00- 3:00pm Lunch and Lecture/Mental Training for Ironman: Managing highs and lows during a race while knowing the outcome of the race.

LOCATION:

The clinic will be held at the Julington Creek Recreation Center:
350 Plantation Club Parkway, St. Johns, FL 32259

CONTACT:

For further information regarding the clinic please contact...

Mark Corley mcorley@jpcdd.org, 904-821-3634

Or

Stacie Hernandez shernandez@jpcdd.org, 904-821-3642

Bring a friend and receive
\$20.00 Discount on your
fee! Friend receives a
\$10.00 Discount!

REGISTRATION FORM
Tri Clinic with TJ TOLLAKSON

NAME: _____ AGE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

2010 "A" RACE(S): _____

COST & PAYMENT:

<input type="checkbox"/> \$225.00 CDD Resident (amount due - discount if applicable)	amount paid \$ _____.
<input type="checkbox"/> \$275.00 Non-CDD Resident (amount due - discount if applicable)	amount paid \$ _____.

Cash or check only (please make checks payable to "JCPCDD").

****Payment and waiver DUE BY January 22, 2010!!** Turn in to the Front Desk of the Rec. Center (By mail:
ATT: Mark Corley, 350 Plantation Club Parkway, St. Johns, FL 32259)

WAIVER

In consideration of being permitted to enter the Julington Creek Plantation Community Development District ("JCPCDD") facilities for any purpose whatsoever, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the JCPCDD facility for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being sound and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JCPCDD FACILITY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANYWAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. The undersigned hereby releases, waives, discharges and covenants not to sue JCPCDD, its supervisors, officers, employees and agents (hereinafter referred to as "Releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned's person or property or resulting in death of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein; 2. The undersigned hereby agrees to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the JCPCDD premises or in any way observing or using any facilities or equipment of JCPCDD whether caused by the negligence of the Releasees or otherwise; and 3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the Releasees or otherwise while in, about or upon the premises of JCPCDD and/or while using the premises or any facilities or equipment thereon. The undersigned further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Nothing herein is intended or shall be construed as a waiver of JCPCDD's sovereign immunity or limitations of liability contained in section 768.28, Florida Statutes, or other law.

I know that Biking, Running and Swimming is a potentially hazardous activity which could cause injury or death. I should not register or participate (in the JCPCDD Triathlon Clinic) unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform in this Clinic, am in good health, am a properly trained. I agree to abide by all cycling laws, and I assume all risks associated, with this Triathlon Clinic either on JCPCDD property or during activities off JCPCDD property associated with Clinic activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

SIGNATURE

PRINT NAME

DATE

EMERGENCY CONTACT: Person to be contacted in case of illness, accident or emergency.

Name _____ Relation to Participant _____

Phone _____ Cell _____ Known Allergies _____