

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a triathlon, duathlon, or multi-sport event 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 THAT RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon (“USAT”) in consideration for allowing me to become a member in USAT and are being relied upon by USAT and the various race sponsors, organizers, and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sure on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the competitive Rules adopted by USAT, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facility or area; (c) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from a USAT sanctioned event, THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, 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, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers. All such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of the person or entities mentioned above in paragraph (c) or of other persons or entities; (e) I AGREE NOT TO SUE any of the persons or entities mentioned above in paragraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; (f) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (c) from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to a USAT sanctioned event; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Print Name _____ Signature _____ Date _____

FOR PERSONS 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE FOLLOWING SECTION.

The undersigned _____ the parent and natural guardian of _____ hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor name herein. As the natural or legal guardian of such a minor. I hereby bind myself, the minor and our executors administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of the consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: Parent/Guardian must also sign AWRL above.**

Parent/Guardian Signature _____ Relationship to Minor _____ Date _____

**15th Annual River City Triathlon
June 12, 2010
France Park, Logansport, Indiana**

**New for 2010
Chip Timing!!!!
www.mattoonmultisport.com**

Race Day Info:

France Park:

France Park is located 4 miles west of Logansport on U.S. 24 West. Call France Park at 574-753-2928 for further directions or more information about the Park & its campground. Further information can also be found at www.francepark.com.

Time:

Race Begins promptly at 8:00am (ESDT);
Race meeting at 7:30am-IMPORTANT

Packet Pick-Up:

At France Park (Flory Shelter)

Friday, June 11, 2010

From 6:00pm-7:00pm and

Saturday June 12, 2010

From 6am-7:15am

USA Triathlon:

This is a sanctioned USA Triathlon event. If you are not a member, you must purchase a one day single event permit, which is included in fee. **ALL PRE-REGISTERED ANNUAL MEMBERS MUST PRESENT A CURRENT USA TRIATHLON CARD AT CHECK-IN.**

Transition Area:

Area will be guarded. Only participants will be able to be in the transition area, and will be the ONLY one to pick-up bike and equipment. Transition area will be manned only till 11 am.

Race Rules

This will be a Chip Timed Event!

(The chip needs to be attached on your ankle and turned in after the run at the end of the race.)

Swim:

Wet Suits will be permitted(if water temp. under 78 degrees). Swimmers will be assigned to one of 3 waves with the proper colored swim cap.

Bike:

Bike helmets are required-ANSI/SNELL approved. NO DRAFTING is permitted. You must have your helmet fastened before you mount your bike and must keep it fastened.

Run:

Runners must wear their Chip on their ankle to be collected at the finish line. Participants must complete the entire course for an official time. This is a trail run.

Relays:

There will be separate bike stands for teams. Swimmers must tag the biker off the bike, and bikers must tag the runner in the assigned position.



Cass County Family YMCA

15th Annual River City Triathlon

June 12, 2010

France Park, Logansport, Indiana

Cass County Family YMCA 15th Annual River City Triathlon

● COURSE CHARACTERISTICS

Swim- 500 yards, modified U shape, 3-5 waves in France Park Quarry.

Bike- 14.4 miles, state highway, country roads, more flats & straightaways, some hills, some curves, complete circular loop with right hand turns.

Run- 3.3 miles of trails at France Park.

● USA Triathlon

This is a sanctioned USA Triathlon event.

● Gifts

Swim Cap, t-shirt, food ticket for participant, 3 deep age awards in each category, post race meal, refreshments, and drawings. **EVERYONE IS A WINNER!!**

● INSURANCE

Your personal insurance will be the primary carrier, USA Triathlon will be secondary carrier.

● REGISTRATION

Be sure to complete both sides of the attached form OR complete online at www.mattoonmultisport.com. Send in early. Our limit is 200 entries. INDIVIDUAL AND TEAM . Confirmation packets will not be mailed until 6/1/2010.



June 12, 2010
8 a.m.
France Park
Logansport, Indiana



15th Annual River City Triathlon Entry Form

Complete Both Sides (Waiver on Back)

Race Day Registrations will be accepted. Arrive Early (6-7:15 am)

No Entries accepted after 7:15 am- Limit- 200 Entries

Check the Triathlon Event & Division you wish to enter:

Check Below	Event & Time	Male	Female	Division
	Individual by Age Group Saturday, June 12 @ 8am			___ 15-19 ___ 45-49 ___ 20-24 ___ 50-54 ___ 25-29 ___ 55-59 ___ 30-34 ___ 60-64 ___ 35-39 ___ 65-69 ___ 40-44 ___ 70+
	Individual as Clydesdale/Athena Saturday, June 12 @ 8am			___ Men over 200# (Clydesdale) ___ Women over 150# (Athena)
	Team Saturday, June 12 @ 8am			___ Combined Ages 105 & Under ___ Combined Ages 106 & Over

Name _____ USA Triathlon Number _____

Address _____

City/State/Zip _____ Email: _____

Phone _____ Date of Birth _____ Age (as of 12/31/10) _____

Adult Shirt Size Small ___ Medium ___ Large ___ X-Large ___

Individual Age Group Only: 1st time Triathlon Participant Yes ___ No ___

TEAMS

Team Name _____

Team Member Names & USA Triathlon No.:

Make Checks Payable to:

Cass County Family YMCA

Mail Completed Entry To:

River City Triathlon

Cass County Family YMCA

905 E. Broadway

Logansport, IN 46947

Amount Enclosed (Choose appropriate amount):

Individual USA Triathlon Member	\$50/person	
Individual USA Triathlon Non-Member	\$60/person	
Team USA Triathlon Member	\$30/person	
Team USA Triathlon Non-Member	\$40/person	
Postmarked after 6/7/10	Add \$10	
Total Enclosed		