



For Office Use
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INDIVIDUAL REGISTRATION FORM

Print and mail to: 5430 Sports - P.O. Box 7042, Golden, CO 80403

SUNDAY, AUGUST 30, 2009

FIRST NAME: _____ LAST NAME: _____ MALE / FEMALE (CIRCLE ONE)

ADDRESS _____ (Apt or Unit #) _____ CITY _____ STATE _____ ZIP _____ COUNTRY _____

AGE: _____ BIRTHDATE ____/____/____ T-SHIRT SIZE: _____ (XS—S—M—LG—XL—XXL)
(on December 31, 2009) *Shirts are technical, thus will not shrink Sizing is Unisex, please order accordingly*

EMAIL ADDRESS: _____
We do not share our email list - You will not receive a confirmation, packet pick-up or final race info if we do not receive or can not read your email address.

DAY PHONE: _____ - _____ - _____ EVE. OR CELL PHONE: _____ - _____ - _____

PLEASE CHECK ONE:
 AGE GROUP CLYDESDALE/ATHENA PROFESSIONAL
(Male above 200# / Women above 150#)
 COLLEGIATE TEAM DIVISION - Name of Team/School _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

INDIVIDUAL ENTRY FEES: 4/15 – 6/14 After 6/14
 \$85 \$95

\$ _____ Entry Fee Due
\$ _____ NOT a current USAT member? Please add \$10.00 OR enter USAT # _____ exp date: ____/____
\$ _____ add \$2.50 - I would like to buy a cool tag for a carbon free triathlon experience – more info at www.5430sports.com
\$ _____ TOTAL AMOUNT ENCLOSED - (Please make check payable to 5430 Sports.) **Payment must be in U.S. funds
\$ _____ Donation to the <i>Foundation Fighting Blindness</i> www.racetocureblindness.org - The cure for blindness is one of the diseases that has hope of actually being cured, with at least six clinical trials currently in their final stages. Each dollar raised will go directly to these studies and further research. (Please enclose a separate check payable to Foundation <i>Fighting Blindness.</i>) Thank You!

5430 SPORTS REFUND POLICY

*Should you register early and find yourself unable to compete for any reason, you must notify us in writing (via email – jodee@5430sports.com) at least 60 days prior to the event. You will receive confirmation of our receipt of the refund request and a refund of your entry fee (excluding online processing fees) minus a 33.5% fee. There will be absolutely **NO** refunds less than 60 days notice prior to the event.*

Medical History

Do you have any current or chronic medical problems followed by a doctor?

Are you on any medications? If so, what?

Are you allergic to any medications or insect stings?

Do you wish the medical personnel to be aware of any specific medical problems?

Have you ever dropped out during a race for medical reasons? If so, please explain.

Additional medical comments:

Point of interest Questions

Is this your first Triathlon?

If not, approximately how many Triathlons have you completed?

What is your greatest athletic achievement to date?

Why do you do triathlon?

Any other comments we might possibly note?

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.



**WAIVER AND RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of USA Triathlon (“**USAT**”) allowing me to participate in any USAT sanctioned event (**the “Event” or “Events”**) as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (**the “Agreement”**);

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person’s physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (“Risks”). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Organizers and Promoters, Race Directors, Sponsors, Advertisers, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the “Released Parties” or “Event Organizers”**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature (**“Liability”**) which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

PRINTED NAME OF PARTICIPANT: _____ AGE: _____ DATE OF BIRTH _____ / _____ / _____

PARTICIPANT’S SIGNATURE: _____ DATE: _____

As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement in connection with the minor’s participation in the Event(s). If, despite this Agreement, I, or anyone on the minor’s behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

PARENT/GUARDIAN SIGNATURE (required if participant is under the age of 18): _____

DATE: _____