

Infirmary Health

# Duathlon

RUN BIKE RUN



Join the 2-mile FUN RUN - \$25

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE INFIRMARY FOUNDATION, INC., AND ALL OF ITS AFFILIATE ENTITIES, AS WELL AS ALL OF ITS AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES AND VOLUNTEERS (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

In consideration of being permitted to participate in the EVENT by one or more Releasees or the acceptance of my application for entry in the EVENT, I hereby freely agree to and make the following contractual representations and agreements. I ACKNOWLEDGE THAT CYCLING AND RUNNING MAY BE INHERENTLY DANGEROUS SPORTS AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THE EVENT, whether as a rider, runner, official, coach, volunteer, or otherwise, and FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, INCLUDING, by way of example, and not limitation: dangers associated with man made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders or runners, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the EVENT organizer and others, THE RELEASEES' OWN NEGLIGENCE, whether active or passive, the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the EVENT. For myself, my heirs, legal representatives, and successors in interest (collectively "Successors"), I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE THE RELEASEES OF AND FROM ANY AND ALL RIGHTS AND CLAIMS, INCLUDING, BUT NOT LIMITED TO, CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the EVENT, or travel to or return from the EVENT. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with the EVENT. When cycling, I will wear a helmet which satisfies the requirements of all applicable laws and regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition which would endanger myself or others if I participate in the EVENT, or would interfere with my ability to safely participate in the EVENT. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the EVENT. If any term and provision of this contract is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

April 25 • 8 a.m.  
Mobile Infirmary  
Campus

Race Packet Pick-up  
and Community Health  
& Wellness Expo  
April 24 • 3-6 p.m.



post-race party

- 9:30 a.m. - 12:30 p.m.
- Duathlon Awards
- Celebrity Judge taste test
- Food Trucks & beverages

[infirmaryduathlon.racesonline.com](http://infirmaryduathlon.racesonline.com)



Gulf Distributing Co. of Mobile, L.L.C.



Sponsored by





Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Male  Female

Phone: \_\_\_\_\_

**FUN RUN only** (check here) **minimum age 8 years old**

**T-Shirt size:**

Y-L  S  M  L  XL  XXL  XXXL

Fat Tire (mountain bike), cruiser bike, hybrid bike, etc.)

**RELAY TEAMS ONLY (2 or 3) or**

Class of relay:  Male  Female  Co-ed

Racer 1\* \_\_\_\_\_

Racer 2 \_\_\_\_\_

Racer 3 \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*, State\*, & Zip\*: \_\_\_\_\_

Email Address\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_

Shirt Size (list each racer's size)

Racer 1 \_\_\_\_\_ Racer 2 \_\_\_\_\_ Racer 3 \_\_\_\_\_

**Post-Party** (DUATHLON participants will receive an armband for food)

PLEASE NOTE\* Fun Run participants will not receive an armband for food.

**PAYMENT**

Total \$ \_\_\_\_\_  Check (made out to Infirmiry Foundation)

Credit Card:  Visa  MC  AMEX  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Security Code \_\_\_\_\_

**WAIVER AND RELEASE FORM LIABILITY (ALL PARTICIPANTS MUST SIGN):**

THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS CONTAINED HEREIN INCLUDING, WITHOUT LIMITATION, THE RELEASE AND INDEMNITY CONTAINED ON THE REAR OF THIS APPLICATION.

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

**Signature** (if under 18 years old parent/guardian signature required)

**IMPORTANT INFORMATION**

**COURSE:**

Course maps may be found at [infirmiryduathlon.racesonline.com](http://infirmiryduathlon.racesonline.com)  
**THE BIKE PORTION IS NOT A CLOSED COURSE. YOU WILL BE SHARING THE ROAD WITH CARS – PLEASE RIDE SAFELY.**

**SCHEDULE:**

Race starts at 8 am. Packet pick-up and Health Expo on Friday, April 24th, 3pm-6pm at Pro Health Fitness. Day of Race Registration and Packet Pick-up starts Saturday at 6:30 am

**ENTRY FEES:**

\$35 Individuals, \$55 Relay teams, (**\$25 FUN RUN only**)

**DEADLINES:** Mail-In deadline is Saturday, April 18, 2015. Online Registration deadline is Thursday, April 23 at Midnight. (Limited to first 500 participants.)

**RULES:** The transition area is first come first served – no assigned racking. Transition area opens at 6:30 am. Helmets are required and USAT rules will apply – no drafting. Minimum age for participating in the Duathlon is **10 years old**, minimum age for participating in the Fun Run is **8 years old**. No headsets allowed during event. Events are held rain or shine. Entries are non-refundable and non-transferable. Liability waiver must be signed by all participants.

**Please note:** There is a 2 hr and 30 minute time limit on the completion of the duathlon course.

**DIRECTIONS:**

Mobile Infirmiry is located at 5 Mobile Infirmiry Circle • Mobile, AL 36607

**CATEGORIES:**

Age groups in 5-year increments, Relay Teams (Male, Female and Co-Ed), Fat Tire (Male, Female)

**RESULTS/AWARDS:**

Awards Ceremony will take place once results are compiled. Awards given to top 3 **Duathlon** overall finishers (Male/Female) as well as top 3 in each age division. Awards will be given to top 3 **Fun Run** overall finishers.

**RACE INFORMATION:**

251-435-4773 or johnmcdill@infirmiryhealth.org

**REGISTER ONLINE AT:**

[infirmiryduathlon.racesonline.com](http://infirmiryduathlon.racesonline.com)