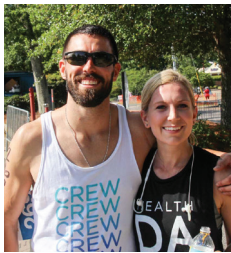



INFIRMARY
HEALTH

duathlon

RUN • BIKE • RUN

April 28 • 8 a.m. Mobile Infirmary Campus



Cash award for top 3 male and top 3 female overall finishers!

Race Packet Pick-up April 27, 3-6 p.m.

infirmaryduathlon.org

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.

Sponsored by

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

FUSE PROJECT

INFIRMARY HEALTH



Racer 1

Address: _____
 City, State, & Zip: _____
 Email: _____
 Date of Birth ____/____/____ Age ____ Male Female
 Phone: _____

T-shirt size: (free for race participants)

S M L XL XXL

Class of race: Individual Relay Fat tire (mountain bike)

Class of relay: Male Female Co-ed

Racer 2

Address: _____
 City, State, & Zip: _____
 Email: _____
 Date of Birth ____/____/____ Age ____ Male Female
 Phone: _____

T-shirt size: (free for race participants)

S M L XL XXL

Class of race: Individual Relay Fat tire (mountain bike)

Class of relay: Male Female Co-ed

Racer 3

Address: _____
 City, State, & Zip: _____
 Email: _____
 Date of Birth ____/____/____ Age ____ Male Female
 Phone: _____

T-shirt size: (free for race participants)

S M L XL XXL

Class of race: Individual Relay Fat tire (mountain bike)

Class of relay: Male Female Co-ed

Post-party (Duathlon participants will receive an armband for food.)

Wellness Walk only (check here) FREE WELLNESS WALK (one-mile) REGISTER ONLINE @ WWW.INFIRMARYDUATHLON.ORG
 T-SHIRTS ARE \$15 - PROCEEDS BENEFIT THE FUSE PROJECT.
 WELLNESS WALK PARTICIPANTS WILL NOT RECEIVE AN ARMBAND FOR FOOD. DEADLINE TO REGISTER IS 4/25/2018 (only pre-registered participants are guaranteed a t-shirt).

T-shirt size:

S M L XL XXL

Payment: Total \$ _____ Check (made out to Infirmary Foundation)

Credit Card: Visa MC AMEX Discover

Card #: _____ Expiration Date: _____

Name on Credit Card: _____

Security Code : _____

IMPORTANT INFORMATION

COURSE:

Course maps may be found at infirmaryduathlon.org
 THE BIKE PORTION IS NOT A CLOSED COURSE. YOU WILL BE SHARING THE ROAD WITH CARS – HELMETS ARE REQUIRED. PLEASE RIDE SAFELY.

SCHEDULE:

Race starts at 8 a.m. Packet pick-up is on Friday, April 27 from 3 p.m. - 6 p.m. at ProHealth Fitness Center. Day of Race registration and packet pick-up starts Saturday at 6:30 a.m., **registration closes at 7:30 a.m.**

ENTRY FEES:

January 5 - January 31 - Ind. \$40 / Relay - \$35 per person
 February 1 - March 31 - Ind. \$50 / Relay - \$45 per person
 April 1 - April 13 - Ind. \$60 / Relay - \$55 per person
 April 14 - April 27 - Ind. \$70 / Relay - \$65 per person
 Day of Race - Ind. \$80 / Relay - \$75 per person
Mail in deadline is Monday, April 23, 2018
Online registration deadline is Wednesday, April 25, 2018 - midnight

RULES: The transition area is for registered riders only and is first come first served – no assigned racking. Transition area opens at 6:30 a.m. **Helmets are required** and USAT rules apply – no drafting. Minimum age for participating in the Duathlon is **10 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 two hour and 30 minute time limit on the completion of the duathlon course. Bike must be removed by 11:00. Race number required to reomove bike.

DIRECTIONS:

Mobile Infirmary is located at:
 5 Mobile Infirmary Circle • Mobile, AL 36607

CATEGORIES:

Age groups in 5-year increments,
 Relay teams (male, female and co-ed),
 Fat tire (male, female)

RESULTS/AWARDS:

Cash award for top 3 overall male and top 3 overall female. Relay and Fat tire not eligible for cash award.

RACE INFORMATION:

251-435-5084 or steve.miller@infirmaryhealth.org

REGISTER ONLINE AT:

infirmaryduathlon.org

--PLEASE NOTE (Only pre-registered participants are guaranteed a t-shirt.)

WAIVER AND RELEASE FORM LIABILITY (SEE ON BACK PAGE)
(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 backside of this application.

X _____ Date: _____

X _____ Date: _____

X _____ Date: _____

Signature (18 and under, parent/guardian signature required.)