

ATHLETE REGISTRATION

Last name First name

Address

City State Zip

Phone Number E-mail address

Date of Birth Gender Shirt Size USAT Number

Emergency Contact on Day of Race (name, phone)

I WILL BE PARTICIPATING IN THE FOLLOWING RACE/DIVISION

- Olympic Distance Sprint Distance
 Elite Age Group Clydesdale/Athena Novice
 Relay Team Member (each member must register separately)

TEAM DIVISION

- Male Female Mixed

Relay Team Name

YOUR POSITION

- Swim Bike Run

Team Member Names

REGISTRATION FEES

Through June 30
July 1 – September 23

USAT MEMBER

- \$65 + handling
 \$85 + handling

NON-USAT MEMBER

- \$75 + handling
 \$95 + handling

OLYMPIC DISTANCE:

1500m swim .9 miles
 40K bike 24.85 miles
 10K run 6.2 miles

SPRINT DISTANCE:

805m swim .5 miles
 25.4K bike 15.8 miles
 4.8K run 3 miles

EVENT DATE: September 26, 2010

Send completed entry form, signed waivers, and registration fee by **September 23, 2010** to:

PEREGRINE CHARITIES TRIATHLON
One Peregrine Way
Cedar Falls, IA 50613



CREDIT CARD INFORMATION

- Visa Mastercard

Name on Card

Card Number Expiration Date 3 digit code (back of card)

Signature

PARTICIPANTS IN THE PEREGRINE CHARITIES TRIATHLON AND EXPO MUST COMPLETE AND PRESENT THIS FORM WHEN PICKING UP THEIR RACE PACKET. FAILURE TO DO SO WILL DISQUALIFY YOU FROM THE COMPETITION.

2010 ACKNOWLEDGEMENT WAIVER AND RELEASE OF LIABILITY FOR THE PEREGRINE CHARITIES TRIATHLON AND EXPO

Read this form carefully, and complete, sign and submit at race packet pick-up. If you are under 18-years of age, signature of your Parent or Guardian is also required. If you fail to complete, sign and submit this form, you will be prohibited from participating in the event and you will not be eligible for a refund of your registration fee.

I voluntarily elect to participate in the Peregrine Charities Triathlon and Expo (the "Event"). I certify that I have carefully read and understand all of the Event information contained on the Peregrine Charities Triathlon website. I further certify that if I had any concerns or questions regarding any aspect of the Event, that I attended the Event course talk and had those questions satisfactorily answered. I also certify that as the participant, I am physically fit and have sufficiently trained to participate in the Event, or that should my child elect to participate in the Event, that my child is physically fit and has sufficiently trained to participate. I certify that my physical condition for participation, or my child's physical condition for participation, has been verified by a qualified licensed medical doctor (M.D.).

I acknowledge that the swim portion of the Event will be an extreme test of my or my child's abilities, and carries the potential for death or injury. I also acknowledge that to participate in the swim leg of the Event, I or my child must be capable of safely swimming a distance equal or greater than the swim distance in the Event. I certify as the participant in the Event that at least one of the following is true: a) I have participated on an age-group, high school or college swim team; b) I have completed the swim of a triathlon of equal or greater distance than the swim distance in the Event; or c) I have completed a continuous swim in a pool or in open water of equal distance as the swim distance in the Event within the last thirty (30) days.

I certify that the equipment I or my child will be using in the Event including, but not limited to a wetsuit, bike helmet, bicycle, etc., fit properly, have been verified by a qualified professional to be in good working order, and meet the standards as defined in the Rules of Participation/Race Day Procedures materials.

I understand and acknowledge that a triathlon is a potentially hazardous activity and an extreme test of my or my child's mental and physical abilities, and carries the potential for serious personal injury, death, and property loss. I assume all risks associated with participating in the Event, which include, but are not limited to, those caused by weather, temperature, dehydration, terrain, road or trail conditions, contact with obstacles or water craft, vehicular traffic, and conditions created by facilities, spectators, participants, volunteers, officials, or event staff. I further understand and acknowledge that the Event includes the use of open roads and trails, which may be hazardous and carry the risk of serious personal injury, accident, injury, or death. I am aware that the support personnel who will provide emergency first aid will be volunteers. I hereby consent to medical treatment for myself or my child that may be deemed advisable in the event of injury, accident or illness during the Event.

In consideration of acceptance of my entry in the Event, I for myself, my executors, next of kin, heirs, personal representatives, and assigns, hereby: A) WAIVE, RELEASE, AND DISCHARGE Peregrine Charities, PFGBEST.com, all Event sponsors, race directors, race staff, and race volunteers, the City of Waterloo, the City of Cedar Falls, Black Hawk County, the State of Iowa, George Wyth State Park, Black Hawk Park, and all their directors, officers, employees, volunteers, sponsors, representatives, and agents, from any and all liability for myself or my child; my or my child's death, disability, or personal injury; property damage or property theft; or actions of any kind which may hereafter accrue to me or my child, as a result of my or my child's participation in, and travel to and from, the Event; and B) INDEMNIFY AND HOLD HARMLESS the aforementioned persons or entities from any and all liabilities and expenses, including attorneys' fees, or claims made by other individuals or entities, as a result of my or my child's actions during the Event.

I hereby release to Peregrine Charities full and exclusive rights to record and use, my name and/or my participation in the Event on film, videotape, or still photography, without obligation, liability or compensation to me.

I understand the entry fee for the Event is non-refundable and non-transferable. I also understand the Event will take place rain or shine, at Race Directors' discretion.

This waiver is in addition to the USAT Waiver and not intended to replace or nullify any other waivers or releases of liability.

Signature of Parent/Guardian if under 18:

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

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.

Signature of Parent/Guardian if under 18:

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____