

AKWESASNE DUATHLON

**1.5 MILE RUN - 8 MILE BIKE - 1.5 MILE RUN
AND 1 MILE FUN RUN/WALK FOR AGES 12 & UNDER
AUGUST 12, 2011**

For Office Use Only

Contestant Number

Entry Form

NAME: _____ SEX: _____ AGE (ON RACE DAY): _____

ADDRESS: _____

DOB: _____ PHONE: _____

T-SHIRT SIZE: S _____ M _____ L _____ XL _____

TEAM: YES or NO AGE 12 AND UNDER 1MI FUN RUN (4 laps around field) YES or NO

Runner's/Walker's name _____

Biker's name _____

Runner's/Walker's name _____

Waiver of Legal Liability: I know that racing a Duathlon is potentially a hazardous activity I should not enter and compete unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all the risks associated with participating in this event, including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, by signing below for myself and anyone entitled to act on my behalf, do hereby release and discharge from Akwesasne, Northern TRIBS Swimming, Franklin and St. Lawrence Counties including NYS, and all volunteers and sponsors, their representatives, successors and assigns for any and all injuries suffered by me in this event however incurred or sustained. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event.

SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____
(if under 18 years of age)

Each team member must complete own application form and mail together.