

BIRDS HILL DUATHLON IN THE PARK

Race 1-5, May 3,10,17,24 & 31/2011 Inclusive



Name: _____	Phone: _____	<p>ADMIN ONLY</p> <p>Total Cost: _____</p> <p>Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> ONLINE</p>
Adress: _____	Category:	
Phone: _____	<input type="checkbox"/> KOS Short <input type="checkbox"/> KOS Medium	
Email: _____	<input type="checkbox"/> Adult Short <input type="checkbox"/> Adult Medium	
	Tri MB#: _____	

CONSENT FOR USE OF PERSONAL INFORMATION

I understand the Gord's Birds Hill Duathlon in the Park gathers personal information about each of its participants, including name, address, email, sex, age, and birth date. This information is used for the purposes of ensuring that each participant competes in the appropriate age group, and that their name and club will be listed in that age group in the results which are posted on Triathlon Manitoba's and the Gord's Birds Hill Duathlon in the Park website. The information is also used by Triathlon Manitoba for annual demographic reporting and to communicate with participants about Triathlon Manitoba programs, events and activities. The Gord's Birds Hill Duathlon in the Park also requests medical information and emergency contact info to use in case of a medical emergency. I have read and understood Triathlon Manitoba's policy on privacy. I am aware that by giving this consent, I am permitting personal information about me to be posted to Triathlon Manitoba's website and publications, which can be viewed by anyone who accesses Triathlon Manitoba's website or publications

I accept the use of my personal information for the above purposes. _____ (Initial here)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission to the Gord's Birds Hill Duathlon in the Park staff to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand that the Gord's Birds Hill Duathlon in the Park staff will make every reasonable effort, in the circumstances, to reach my emergency contact regarding my medical status in the event an emergency arises. In the event that my contact cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

I wish the Gord's Birds Hill Duathlon in the Park staff to be aware of the following medical problems: i.e. medications, allergies or past medical event histories:

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Gord's Birds Hill Duathlon in the Park staff.

Dated: MONTH / DAY / YEAR _____ (Sign here) If under 18, a parent/guardian MUST sign.

WAIVER AND RELEASE FROM LIABILITY

This is a binding legal agreement. By signing this form you give up important legal rights.

PLEASE READ CAREFULLY and **SIGN**

AWARENESS AND ACKNOWLEDGEMENT OF RISKS

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the sports of triathlon and duathlon and all related activities that may result in personal injury, death, property damage, expense and related loss to myself. The risks and hazards of triathlon and duathlon include, but are not limited to injuries as a result of:

- Physical contact with other participants while cycling and running;
- Road conditions, terrains and vehicular traffic while cycling and running;
- From one's failure to stay within the designated course area while cycling and running;
- Falling while cycling or running;
- Strenuous cardiovascular workouts, and/or exerting and stretching various muscle groups;
- Psychological factors such as anxiety;
- Changing weather conditions;
- Dehydration and/or fatigue; and
- Negligence of other participants.

I accept all related risks including those listed: _____ (Initial here)

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my entry in the Gord's Birds Hill Duathlon in the Park I agree as follows:

1. I will comply with all the rules and regulations of Triathlon Canada, the International Triathlon Union, and the event instructions of the organizers and officials.
2. I am aware of Triathlon Manitoba's bylaws and policies (which can be found at www.competitions.mb.ca) and agree to be bound by them.
3. I have sole responsibility for my personal possessions and athletic equipment during the Gord's Birds Hill Duathlon in the Park and its related activities.
4. I attest that I am physically fit and can complete the Gord's Birds Hill Duathlon in the Park.
5. I grant full permission Gord's Birds Hill Duathlon in the Park or Triathlon Manitoba to use my photographs as part of the event website photo gallery.
6. That in the event of a race cancellation due to a storm or other "Act of God" my entry fee will be non-refundable.
7. I realize that, with my participation in the event, I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

I agree to the above terms: _____ (Initial here)

WAIVER AND RELEASE FROM LIABILITY

In consideration of my participation in Gord's Birds Hill Duathlon in the Park, I for myself, my heirs, executors, and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Triathlon Manitoba, Gord's Birds Hill Duathlon in the Park, Gord's Ski & Bike, Gord's Triathlon Club, their directors, officers, members, employees, coaches, officials, volunteers, race directors/organizers, agents, sponsors, funding partners, and owners/operators of the facility/venue, FROM ANY AND ALL CLAIMS AND DAMAGES I may have against them, their representatives, successors and assigns, in respect to death, illness, injury, or loss or damage to my person or property, HOWEVER CAUSED, that I may sustain as a result of my participation in this event, AND NOTWITHSTANDING that the loss may have been contributed to or occasioned by the negligence of any one or more of the above named.

I further acknowledge and understand that insurance coverage for this event does not provide me with personal accident insurance coverage and that I am responsible to obtain my own personal accident insurance coverage should I wish to be eligible for accident benefits that are in excess of those currently covered through my provincial or private health insurance plan(s).

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above AWARENESS AND ACKNOWLEDGMENT OF RISKS, TERMS AND CONDITIONS and WAIVER AND RELEASE FROM LIABILITY AND HAVE EXECUTED THIS AGREEMENT VOLUNTARILY.

Please print name clearly:

Signature:

Date: MONTH / DAY / YEAR