



www.thebikemasters.com

2nd Annual



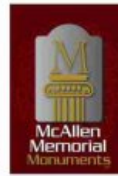
RUN BIKE RUN
2 MILES 11 MILES 2 MILES

April 16, 2011

INFO: BIKE MASTERS

2801 E. Griffin Parkway , Mission ,Tx
ph. (956) 682-2453
e mail: sales@thebikemasters.com

DO OR DIE/Duathlon Entry Form(Please Read carefully)



CATEGORIES

- MALE
- 19 & under
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

CATEGORIES

- FEMALE
- 19 & under
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

- Relay Team Male
- Relay Team Female
- Relay Team CO-ED

Please Read and Sign This Waiver Statement I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: BIKE MASTERS, CITY OF MISSION AND SPONSORS, Commissioners, and Recreation Department, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand its content.

Name _____ Age _____

Signature _____ Date _____ (if under 18 years old, Parent or guardian must also sign) PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name _____ Age _____

Signature of Parent or Guardian _____ Date _____

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SEX: _____ BIRTHDATE: _____

EMAIL: _____

Please Check One:

Duathlon Individual

DUATHLON Relay Team

RELAY TEAM Name _____

(Each team member must fill out a separate entry)

Shirt Size: (Circle One) S M L XL

ENTRY FEES:

* _____ Individual \$25

* _____ Relay Teams \$40

EVENT START TIME:

8:00 AM

RACE LOCATION

Mission Trails Park Mission, Texas

AWARDS TO THE FIRST TOP 3 IN EACH AGE GROUP

Pre-Registration at Bike Masters

Entry fee

\$25 DOLLARS INDIVIDUALS

\$40 RELAY TEAMS

Late Registration fee on site

\$30 DOLLARS INDIVIDUALS

\$50 RELAY TEAMS