

Falls Du

May 1st, 2010

First Name

Last Name

Address

City

State

Zip

Email Address (for race communication only – Final Stretch will not distribute or sell emails)

Phone Number

M F

/ /

S M L XL

Gender

Age

Date of Birth

T-Shirt Size

Race Divisions: Individual Relay Team (If Relay) Team Name: _____

Team Person #2 (with age and gender) Team Person #3 (with age and gender)

Events & Pricing Descriptions:

Event	By Apr. 27th	After Apr. 27th
Individual	\$45.00	\$55.00
Team	\$75.00	\$85.00



FINAL STRETCH

INCORPORATED

Amount Enclosed: US\$

Make check (no credit cards allowed) payable in US\$ and send along with registration form to:

Final Stretch
P.O. Box 121
Nerstrand, MN 55053

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that the Falls Duathlon event is a 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, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of dehydration. I hereby assume all the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this race, and have not been advised otherwise by a qualified medical person. I acknowledge that this **Accident Waiver and Release of Liability (AWRL)** form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event. In consideration of my application and permitting me to participate in these events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: 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 accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON(S): Final Stretch, Inc, Final Timing, Inc, their directors, employees, volunteers, Event Organizers and Promoters, 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 hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event 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/or assigns. This AWRL shall be construed broadly to provide 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.**

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date