

MESILLA VALLEY TRACK CLUB TRIATHLON

Sunday, April 27, 2003, 8 a.m. - NMSU Natatorium, Las Cruces, NM

REGISTRATION/ FEES: Individuals: \$30 postmarked no later than Tues, April 22, 2003; \$35 after Apr 22. Teams: \$60. **NOTE:** This is a USA Triathlon event. Non-members must add \$9 for a single event permit. Members must present current membership card.

LATE REGISTRATION/ PACKET PICKUP: Individuals may register/ pickup packets on Saturday, April 26, Mesilla Valley Inn, 5-7 p.m. and Sunday, 6:45-7:45 a.m., at the NMSU Natatorium. Teams may register by mail or attend late registration on Saturday, April 26, 5-7 p.m. **Teams can not register on race day.** Please, no team substitutions after 7 p.m. Saturday. Teams may pickup packets on race day.

CATEGORIES: Elite/ Pro (Male/ Female), Amateur (M/ F), Clydesdale (Male over 200#), Athena (Female over 150#), Teams (M/ F/ Coed).

AGE GROUPS: Individuals: 19 & Under, 20-24, 25-29 and continuing in 5-year increments through each age-group represented (Male and Female). Teams: 2-3 member teams Male/ Female/ Coed in two age categories: Under 40, 40 & Over. Age categories for both individuals and teams is based on age on race day. Average age of team members determines age category of team. Clydesdale/ Athena: Under 40, 40 & Over.

AWARDS: All pre-registered participants will receive a commemorative T-shirt on race day. We will make every effort to purchase enough shirts to cover the rest of the field of participants. Elite/Pro: Awards to places 1-3 (male and female). Amateur: Awards to overall male and female finishers and to places 1-3 in all age groups (male and female). Team (all members): Awards to first place male/ female/ coed teams in both age categories. Clydesdale/ Athena: Awards to places 1-3 (male and female). No duplication of awards.

COURSE: 5K RUN/ 25K BIKE/ 500-meter SWIM (in that order). The run and bike portions are on paved roads and the swim is in the ten lane, 50-meter Olympic pool. Participants will swim one length in each lane, then cross under the lane divider, and enter the next lane.

WHERE/ DIRECTIONS: NMSU Natatorium located on Stewart Street. Take University Avenue exit from Interstate-25. Travel west to Espina Street, turn left (south) and travel to Stewart Street. Turn left (east) on Stewart and travel to the Natatorium. Park north of the Activity Center.

RACE HEADQUARTERS: Mesilla Valley Inn, 901 Avenida de Mesilla, Las Cruces, NM 88005, (505) 524-8603. Ask for the special room rate of \$49 per night for up to 4 persons (plus tax). Reservations made after April 13 are on a first come/ first served basis. Packet pickup/ late registration as stated above.

SANCTION: All participants, including each team member, must be an annual member or purchase a single event permit. If you are an annual member, please indicate your number in the blank below **and bring your license card to packet pickup. If you forget your license on race day, you must pay for a single event permit.** If you want to become a member or want to purchase a single event permit, complete the application form at packet pickup (Saturday evening) or on race day at the NMSU Natatorium. Allow extra time to complete the application. Payment for the annual membership (\$30) or single event permit (\$9) must be included in your total fee when you register by mail.

INFORMATION: Call Genia Shepan (505) 524-7824.

TEAMS: Each team member must submit a separate entry form and signed waiver. Each team member who is not a USAT member must have the one-day permit. **Submit all team entries as one package not later than 7 p.m. on April 26.**

TRANSITIONS: There will be designated transition areas for teams to transition from run to bike and from bike to run. Transition to Bike: Biker must be tagged first; then bike can be removed from rack and ridden from the rack area. Transition to Swim: Biker must rack bike first; then proceed to transition area to tag Swimmer.

Detach Here.

Complete Form, **Sign Attached Waiver**, Enclose Check and Mail to MVTC, 3007 Ronna Drive, Las Cruces, NM 88001

Early Registration Must Bear Postmark Not Later Than 22 Apr 03.

Last Name		First		MI	DOB (Mo/ Da/Yr)		Age (as of 27 Apr 03)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
Address		City		State	ZIP			
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
Phone		E-Mail		USAT Number		Sex (M / F)		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
T-Shirt (S-M-L-XL-XXL)		Elite	Clydesdale	Athena	Amateur	Teams: Male Female Coed Under 40 40 Plus		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Individual Fees: \$30 if postmarked by 22 Apr 03: \$35 thereafter.				Team Fees: \$60 per team. (Attach form for each member.)				
Single Event Permit @ \$9 (Each non-member needs one)				Single Event Permit @ \$9 (Each non-member needs one.)				
Total				Total				

TEAMS ONLY: List names/ ages of all members of your team.

Runner: _____

Biker: _____

Swimmer: _____

Average Age of Your Team: _____

- RULES:**
1. ANSI or SNELL approved hardshell helmet must be worn by all participants during bike phase. Buckle must be fastened before leaving transition area.
 2. All transitions must be done within the Natatorium parking lot. See "Transition" for teams.
 3. All participants should wear bright colored clothing for their own safety.
 4. Bikes will be ridden in the right lane at all times. Slow down for corners to abide by this rule. Do not cross center line. Drafting is not permitted.
 5. The entire triathlon is done on NMSU streets and adjacent frontage roads that remain open to traffic. NMSU officers are at all corners with stop signs. Follow all traffic regulations and rules of courtesy.
 6. Bike must be returned to bike rack before the participant heads toward the swimming pool. See "Transition" for teams.
 7. The pool must be entered "Feet First Only."
 8. According to the sanction agreement, you must present your USAT membership card during the registration process.

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY(AWRL)

I acknowledge that a triathlon, duathlon, or multi-sport 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. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS.** I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon (USAT) in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member of USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, assigns, and anyone else who might claim or sue on my behalf, (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event, **THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS OR ENTITIES I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY;** (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ALL EVENTS SANCTIONED BY USAT under those circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c); (e) I AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; (f) I AGREE TO INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue, (iii) my breach of or failure to abide by any of the Competitive Rules, or (iv) any other harm caused by me; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

PRINT NAME

SIGNATURE

DATE

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____ is the parent or legal guardian of _____ (minor's name) and hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the parent or legal guardian of such minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by the minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions of the minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of the minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE _____

RELATIONSHIP TO MINOR _____