



Inaugural- - - - - **DELTA DUATHLON 2014**

'Race the City Streets' - 1.5M Run | 15M Bike | 3.1M Run

Historic Downtown Cleveland, Mississippi | April 5 | 8am Start

ADULT | Registration Form & Release Waiver

Participant's (Team Captain) Name: _____ Age: _____

*Team Member 1 Name (if applicable): _____

Contact Cell: (_____) _____ - _____

Email(s): _____

Address: _____
& Street City State Zip

Emergency Contact Name(s): _____

Emergency Contact Phone(s): (_____) _____ - _____

*Note- all information will be emailed or mailed to the participant listed at top. For teams, the top participant listed is considered the team captain and will need to give details to his/her team.

Adult Race Fees:

Registration: **\$40** Individual | **\$60** Team

Adult Inaugural Finisher T-Shirt: **\$15** (must pre-register by March 28 in order to receive a shirt)

ADULT (circle one) S M L XL

*For teams, circle multiple shirts, or note the # desired beside the size. Ensure this is legible!

TOTAL PAYMENT ENCLOSED: \$ _____

Registration Payment Options:

Completed Registration Forms and Full Payments can be delivered to HPER Office in Forest E. Wyatt Center or Mailed.

Checks made out to: DSU Outdoor Recreation | **Cash** to be delivered to HPER Division Office with completed registration form.

Credit Card Information with Registration Form dropped off to HPER Division on DSU Campus or Faxed to: 662.846.4571 or Scan and email form to tdavis@deltastate.edu.

Mail forms to: Delta Duathlon | HPER DIVISION BOX B2 | Delta State University | Cleveland, Mississippi 38733

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Security Code: _____

Name on Card: _____

Amount to be charged on card: \$ _____

I _____ give Delta State University permission to charge my credit card for the amount listed above to be fully entered into the Delta Duathlon

Credit Card Signature: _____

DELTA DUATHLON WAIVER AND RELEASE OF CLAIMS, ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT

Please read this document carefully, as it affects your future legal rights, and provide your initials on each line after reading. By signing below, you (on behalf of yourself or your minor child/ward and any personal representatives, assigns, heirs, and next of kin) acknowledge, agree and represent that you have carefully read and fully understand the waiver and agreed to its terms.

The waiver must be carefully read and signed in consideration of being permitted to enter the Delta Duathlon ("Event") and associated property ("Premises"). As used herein, the term "Releasees" is defined to include the following: (i) Delta State University, its subsidiaries, affiliated companies, faculty, staff, students, past and present employees, representatives (Collectively "DSU"); (ii) the Premises owner (City of Cleveland, Mississippi); (iii) any event volunteers; (iv) any event sponsors, sponsors affiliates and contractors, and their respective employees; and (v) the Board of Trustees, State Institutions of Higher Learning.

- _____ 1) I understand that the Event is an inherently dangerous activity that presents physical demands on the body concerning running, biking, walking, and jogging on city streets, alleys, and paths.
- _____ 2) I expressly acknowledge and agree that the activities of the Event involve risk of injury and/or property damage.
- _____ 3) I am fully aware of the risks and hazards inherent in participating in the Event and I voluntarily, knowingly and freely assume all risks associated with participating in the Event and entering the Premises, including but not limited to, my own actions or inactions (or the actions or inactions of my Minor child/ward), the actions or inactions of others (including Event attendees, staff or volunteers), falls, injuries, illnesses, infections, contact with others (including Event attendees, staff or volunteers), navigating any and all obstacles, Premises defects and the effects of weather, including but not limited to heat and/or humidity.
- _____ 4) I represent and warrant to Releasees that I **am/is** in good physical condition, am able to safely participate in the Event and have no medical condition that would make my participation in the Event more hazardous.
- _____ 5) I agree not to ride a bicycle excessively fast, reckless, or with intent to injury others, as doing so may cause serious physical injury and/or death.
- _____ 6) I consent to the use of my image in photographs, motion pictures, or recordings taken at the Event for use in advertising, marketing or promotion.
- _____ 7) I recognize and acknowledge that there are hazards and risks of personal injury or illness to event participants and that not all such hazards or risks can be fully eliminated. I freely and voluntarily agree to assume full risk of death, bodily injury, or property damage, regardless of severity, that may sustain as a result of my participation in the Event, whether or not caused by the active or passive negligence of the Releasees.
- _____ 8) **I indemnify and hold harmless the Releasees from any loss, liability, damage, or cost they may incur while I am at the Event or on the Premises, whether or not caused by the active or passive negligence of the Releasees.**
- _____ 9) **I release, waive, discharge and covenant not to sue the Releasees from all liability to me, my personal representatives, assigns, heirs, next of kin, for any claims, causes of action, obligations, lawsuits, charges, complaints, controversies, damages, costs, or expenses of whatsoever kind, nature, or description, whether direct or indirect, in law or in equity, in contract or in tort, or otherwise, whether known or unknown arising out of or connected with my participation in the Event or while on the Premises, whether or not caused by the active or passive negligence of the Releasees.**
- _____ 10) I consent to medical care and transportation in order to obtain treatment in the event of injury to me as DSU, Volunteers, or medical professionals may deem appropriate and understand that the Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.
- _____ 11) I agree to observe and obey all posted rules and warnings, to follow any instructions or directions given by DSU & City of Cleveland through its employees, representatives, or agents and to abide by any decision of an Event official relative to my ability to safely participate in or attend the Event.
- _____ 12) I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the law of the State of Mississippi, and that if any portion is held invalid, the balance shall continue in full force and effect.

I understand that the event is an extreme test of my physical and mental limits. I have read this document and fully understand its terms. I understand that I am giving up substantial legal rights by signing below, including the right to sue the Releasees. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a waiver and complete and unconditional release of all liability due to the negligence of Releasees or the inherent risks of participating in the **voluntary** event.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____