



Relay Registration Form

Tempe, Arizona

May 8, 2010

Team Name: _____

SWIMMER: First Name _____ Last Name _____

Date of Birth ____/____/____ Gender ____ USAT # (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone () _____

Emergency Contact _____ Emergency Contact Phone () _____

T-Shirt Size: *Please circle one:* S M L XL XXL

CYCLIST: First Name _____ Last Name _____

Date of Birth ____/____/____ Gender ____ USAT # (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone () _____

Emergency Contact _____ Emergency Contact Phone () _____

T-Shirt Size: *Please circle one:* S M L XL XXL

RUNNER: First Name _____ Last Name _____

Date of Birth ____/____/____ Gender ____ USAT # (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone () _____

Emergency Contact _____ Emergency Contact Phone () _____

T-Shirt Size: *Please circle one:* S M L XL XXL

***Registration Fees: (must be received by the date listed below)**

Relay (Fees are per TEAM, not per person)

Prior March 14, 2010 \$140.00 + \$10 per member that is not a current USAT member

Prior to April 11, 2010 \$150.00 + \$10 per member that is not a current USAT member

After April 11, 2010 \$160.00 + \$10 per member that is not a current USAT member

USAT Membership

Each athlete **must** be an annual USAT member OR purchase a one day membership of \$10.00

Make checks payable to: Red Rock Company, Inc.

Mail Form and Check to: Red Rock Company

9399 S. Priest Dr.

Tempe AZ 85284

Amount Collected _____ Check # _____ Cash _____ Date Rcv'd ____/____/____ BIB # _____



Health Information Election and Release Form

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) no health information about any competitors can be released for information purposes without the express permission of the athlete. HIPAA rules came into full effect in April, 2003. We are prohibited by federal law from releasing any information without an athlete’s written permission.

- I understand and acknowledge that I am giving permission to provide the information regarding my location, admission to the medical tent, medical condition or, if necessary, transfer to a hospital to my spouse, friend or next of kin. I understand and agree that to provide this information is voluntary.
- I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the SheROX Tempe Triathlon/Red Rock Company, Red Rock Company staff, agents and/or volunteers. I understand that this revocation must be submitted to said staff by 12:01am, May 8, 2010. I understand that this revocation will not apply to information that has already been released in response to this authorization. I understand that my revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date: 5:00 pm* May 8, 2010.
- I understand that all participants have the right to receive medical treatment by the Red Rock Company medical staff and volunteers where permitted by law.

Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of USA Triathlon ("USAT") allowing me to participate in any USAT sanctioned event (the "Event" or "Events") as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person’s physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Organizers and Promoters, Race Directors, 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 further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____

