



11th Annual VIRGINIA DUATHLON

Sunday, April 1, 2012 - 9:00 a.m.
Chippokes Park Surry, Virginia
5k Run, 23M Bike, 5k Run

Location

Chippokes Park Surry, VA
\$4 per vehicle charge for access to the park
Course maps posted on the race website.

The Rules

All USA Triathlon rules will be followed and strictly enforced. Drafting is not allowed and will be monitored by roving motorcycles. Helmets must be ANSI or Snell approved. Aerobars and disks are approved. All participants must be at least 15 years old.

Divisions/Awards*

Individual Duathlon

Top 3 Overall Male/Female
Top 3 Masters Male/Female
Top 3 Male/Female in the following age categories:
15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & over

Duathlon Relays

Top 3 Male Relays
Top 3 Female Relays
Top 3 Mixed Relays
Consist of 1 Runner & 1 Cyclist

5K Run

Top 3 Male and Female
Top 3 Male/Female in the following age categories:
15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & over

*Virginia Duathlon reserves the right to add/delete categories and awards prior to race day based on participation

Race Information

Contacts:
KaleRunning
(757) 373-4174
vaduinfo@kalerunning.com

Course Time Limits

1st 5k Run 10:00 am
23M Bike 11:30 am
2nd 5k Run 12:00 am

Inclement Weather

The race director reserves the right to alter or cancel portions of the race as deemed necessary for safety reasons. NO RAIN DATE. NO TRANSFERS. NO REFUNDS.

Aid Stations

Water stations will be located near the 1 and 2 mile marks on the run. Bikers must carry their own water. No water stops on the bike.

Packet Pick-Up

Check the website for location and times. Athletes must present USA Triathlon membership card at packet pick up or purchase a one-day pass.

Official Website:

www.VirginiaDuathlon.kalerunning.com

Registration:

To Register By Mail (No Fee Entry available at Active.com)
Mail a completed application form and check to:

Virginia Duathlon
1211 Buckingham Ave.
Norfolk, VA 23508

Du Entry Fees: Indiv. Relay

Postmarked by 3/1: \$60 \$95
Postmarked after 3/1: \$65 \$115

You must be a USAT member on race day or purchase a one-day membership for \$10.

5K Entry Fees:

Postmarked by 3/1: \$25
Postmarked after 3/1: \$30

Do not mail registration after 3/25.

Checks must be made payable to Kale Running

Post Race Activities

The post race awards ceremony will be held after the duathlon at the race site. Post race BBQ and unique age group awards presented in all categories.



Virginia Duathlon - 5k Run, 23M Bike, 5k Run & 5K

Chippokes Park Surry, Virginia
Sunday, April 1st, 2012 - 9:00am

Name: (match USAT registration) _____
LAST FIRST MI

Mailing Address (include apartment number) _____

City _____ State _____ Zip _____

Home Phone (include area code) _____

E-mail Address: _____

T-shirt: SMALL MEDIUM LARGE X-LARGE

Age (on Race Day): _____ Birthday: ____ / ____ / ____

Sex (Circle One): M or F Personal Chip ID _____

USA Triathlon # _____ Exp Date _____

One-Day USA Triathlon Permit Needed

Choose only one category Individual Male Individual Female
 Male Relay Female Relay
 Mixed Relay 5K Run/Walk

Relays: **Mail completed applications together.**

Relay Name: _____

Circle One: Runner Cyclist

Duathlon Entry Fee Schedule:

Post-marked by March 1, 2012:

Individual (\$60) _____

Relay (\$95) _____

After March 1, 2012:

Individual (\$65) _____

Relay (\$115) _____

Other Fee:

USAT 1-day

License** (\$12) _____

** Must complete USAT insurance form

5K Entry Fee Schedule:

Post-marked by March 1, 2012:

5K (\$25) _____

After March 1, 2009:

5K (\$30) _____

Total Enclosed _____

The Waiver below must be signed before your entry can be processed.

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 in 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 and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (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 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 ANY OTHER EVENT SANCTIONED BY USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects 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) or of other persons or entities. I FURTHER COVENANT AND 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; and I 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 or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER 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 _____ (parent/guardian) the parent and natural guardian of _____ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors administration, 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 said 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 said 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 said 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 _____