PARAMOUNT ADVENTURE **NJ MULTISPORT CLUB**	Presents the… # Randolph Lake Sprint Triathlon ½ mile swim, 16. 4 mile bike, 5k run ***A USA Triathlon Sanctioned Event***	To benefit the… ## Lakeland Junior Track & Field League (with teams in Chester, Denville, Hopatcong, Madison, Mendham, Montville, Mountain Lakes, Mount Olive, Long Valley, Parsippany,Randolph, Rockaway Twp/Boro, Roxbury, and Stanhope)
www.paramountadventure.org	www.randolphtri.com	www.mctrack.org

Where: Randolph Lake, Green Ln, Randolph, NJ ***When:*** **Sunday, July 8th, 2007**

Time: 8:00 a.m. 1st Wave begins (6:00 -7:30 a.m. Check-in, 7:45 a.m. Race Briefing)

Course: Swim in pristine, crystal clear quarry lake. Bike on scenic paved roads through Randolph and Chester. Run is ½ trails through shady woods and ½ roads in quiet area.

Name (Last, First, Middle Initial -- Leave space between each)

Mailing Address (include apartment number)

City **State** **ZIP Code**

Home Phone (incl. area code) **Age (race day):** **Sex: M F**

Date of Birth (MM/DD/YYYY) **T-shirt Size: S M L XL XXL**

E-mail address: _____

Division: *(circle one)* *Individual *Relay *Clydesdale (>200lbs) *Athena (>150lbs)

Relay Team: *(List names & racers)* _____

USA Triathlon #: _____ **Exp. Date** _____

☐ One-Day USAT Permit needed (please include $9 fee)

Post-marked after June 1, 2007:

* Individuals - $80 ($70 before) _____
* Relays - $115 ($100 before) _____
* USAT 1-Day License…….$9 _____
* Paramount Adventure Membership Dues (opt.) $25 _____

($5 discount – see form on reverse side)

TOTAL ENCLOSED _____

Please make checks payable to PACE Racing and mail with entry form and signed waiver to:

PACE Racing
PO Box 417
Convent Station, NJ 07961

For online entry visit: www.randolphtri.com
**** NO RACE DAY REGISTRATION!! ****
Online entry closes: Fri, July 6 at 11:59pm

MARTY'S RELIABLE CYCLE
StartingLineSports
RunnersHaven
Somerset Hills Bank
Velocity SPORTS PERFORMANCE

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 EIGHTEEN (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 or legal guardian of_____(minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a 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 the 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 claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on the behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent.

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 USA Triathlon. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume and such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.**

PRINT NAME: **RELATIONSHIP TO MINOR:** **DATE:**