



# CITY OF • 30TH ANNUAL CARLSBAD TRIATHLON

## Race Packet Pick-up Options:

Free In Person Pick-up: Saturday, July 9, between 10 a.m. - 3 p.m., at southwest corner, Westfield Plaza Camino Real 2525 El Camino Real, Carlsbad, CA. (Map on reverse of this form)

\$25 Sunday Packet Pick-up: At the race site.

Packets may NOT be picked up for anyone else. Must show a valid ID.

There is a 1,000 entrant cap, so sign up early to secure your spot! Awards will be given to the top 3 in each division.

## Carlsbad Triathlon: July 10, 2011 Athlete Application

(Web registration available at [www.carlsbadtriathlon.com](http://www.carlsbadtriathlon.com))

Individual Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Waiver must be signed on the back before receiving race packet. Relay teams must have all members sign and minors must have a parent signature. Registration is on space-available basis only at packet pick-up. Please note: There are NO TRANSFERS or REFUNDS, NO RACE DAY REGISTRATION and NO FAX OR PHONE-IN REGISTRATION AVAILABLE.

### Individual Divisions (please circle one age group)

14-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54
55-59	60-64	65-70	70+	Elite	Clydesdale (200+ lbs.)	Athena (160+ lbs.)	
Age on race day _____ Male / Female _____ T-shirt size _____				Challenged			

### Relay Divisions (circle one)

Male                  Female                  Co-Ed                  Senior (65+)

Relay Team Name (if applicable; please limit name to 12 characters) \_\_\_\_\_

**#1) Swim:** Name \_\_\_\_\_ **#2) Bike:** Name \_\_\_\_\_ **#3) Run:** Name \_\_\_\_\_  
T-shirt Size \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size \_\_\_\_\_ Age \_\_\_\_\_

### Fees (circle one) Received by:

	before July 1st	July 1st – July 6th
Elite, Adult, Teen, Senior Individual (Carlsbad Resident)	\$90	\$105
Elite, Adult, Teen, Senior Individual (Non Resident)	\$100	\$115
Relay Divisions	\$120	\$135

### SUBTOTAL

Sunday Packet pick-up (add to race fee here)..... \$25  
Optional Donation to Opportunity Grants Program (Thank You!).....

TOTAL AMOUNT ENCLOSED .....

Please make checks payable to "City of Carlsbad" or enter credit card info below:

VISA / MasterCard Number: \_\_\_\_\_ Expires: \_\_\_\_\_

### Mail to:

Carlsbad Triathlon  
3096 Harding Street  
Carlsbad, CA 92008



(Waiver on Reverse)

Presented by City of Carlsbad Parks & Recreation Department





Map to Westfield Plaza Camino Real  
 Parking Lot south west corner  
 2525 El Camino Real, Carlsbad, CA 92008

## Carlsbad Triathlon Waiver of Liability

Original signed waiver must be received to complete application - faxed or photocopied versions will not be accepted.

### 2011 CARLSBAD TRIATHLON July 10

Waiver of Liability, Indemnification Agreement and Photo Release (please read before signing)

I acknowledge that this athletic 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. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, and/or producers of the event, and lack of hydration, I hereby assume all of the risks of my or my child's participation in this event. I certify that I am or my child is physically fit, have sufficiently trained for participation in the event and have not been otherwise advised against participating by a qualified medical person.

I acknowledge that this WAIVER AND RELEASE OF LIABILITY (WRL) FORM will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my or my child's actions and responsibilities at said event. In consideration of my or my child's application and permitting me or my child to participate in event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event THE FOLLOWING ENTITIES OR PERSON(S): City of Carlsbad and City of Encinitas, State of California, and Spectrum Sports Management LLC and their officers, employees, agents, directors, volunteers, and elected and appointed officials; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my or my child's actions during this event. I hereby consent to receive medical treatment for myself or my child, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my or my child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This WOL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY AND AGREES TO SAVE AND HOLD HARMLESS AND INDEMNIFY EACH AND ALL OF THE PARTIES REFERRED TO ABOVE FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER WHICH MAY BE IMPOSED UPON SAID PARTIES BECAUSE OF ANY DEFECT IN OR LACK OF SUCH CAPACITY TO SO ACT AND RELEASE SAID PARTIES ON BEHALF OF THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

I UNDERSTAND THAT BY AGREEING TO THIS WAIVER I AM FREEING THE CITY OF CARLSBAD AND CITY OF ENCINITAS, STATE OF CALIFORNIA, AND SPECTRUM SPORTS MANAGEMENT LLC FROM ANY LIABILITY RESULTING FROM MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND EVENTS REGISTERED. I RECOGNISE THAT THESE ACTIVITIES AND EVENTS CAN BE DANGEROUS TO ME OR MY CHILD AND ACCEPT THOSE DANGERS. I UNDERSTAND THAT IF I AM OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

Original signatures only. Relay teams must have all members sign.