

**HIGHLAND WOODS COMMUNITY CENTER AND PARK
VINCENNES, IN
SATURDAY APRIL 24, 2010
8:00 A.M. EASTERN TIME**



DUATHLON



****2 MILE FLAT WALK/RUN
**10 MILE MOSTLY FLAT BIKE
**2 MILE FLAT WALK/RUN
**ALL ON PAVEMENT
**HELMETS MUST BE WORN
AND BUCKLED
COST: \$40.00 PRIOR TO 04/14/10
\$45.00 LATE AND DAY OF EVENT**

**AWARDS TO:
TOP MALE & FEMALE
TOP 2 MALE & FEMALE IN
AGE CATEGORIES:
UNDER 15, 15-19, 20-24,
25-29, 30-34, 35-39, 40-44,
45-49, 50-54, 55-59, 60-64,
65-69, 70 & OVER**

***EACH ENTRY POSTMARKED BY 04/14 WILL BE GUARANTEED A
COMPLETE PACKET INCLUDING SHIRT!!***

**Please send payment to:
Highland Woods Community Center and Park
P.O. Box 1425
Vincennes, IN 47591**

**Questions :
Tim Vieke 890-1211
Barb Hanson 890-2597
bhanson5338@avenuebroadband.com**

NAME: _____ **ENTRY ENCLOSED:** \$40.00 LATE \$45.00

ADDRESS: _____ **CITY:** _____ **ST:** _____

BIRTHDAY: ___/___/____ **AGE:** ____ **SHIRT SIZE:** S M L XL

GENDER: M F **E-MAIL:** _____

Please read the following statement and sign before submitting entry.
I know that competing in a duathlon is a potentially hazardous activity. I should not enter and compete unless I am medically able. I assume all risks associated with competing in this event, including, but not limited to falls, contact with other participants, the effects of weather, traffic, interactions with non-participants and the conditions of the road all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, myself and anyone entitled to act on my behalf, waive and release any and all sponsors and organizers, their officers, agents and assigns, the race director and volunteers from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver. **I also understand that my entry fee is non-refundable and non-transferable.** A parent must sign if the child is under 18 years of age. This certifies that the child has permission to participate and agrees to the previously stated waiver. I understand any child under 15 must ride with an adult. **I understand that each rider on a bike must wear an Ansi or Snell approved helmet.**

Signature: _____ **Signature of parent:** _____
Date: _____ **Date:** _____