



Route 66 Duathlon & 5K Run

When: Saturday, June 9, 2007 8 am start time
 Where: Rolla Ber Juan Park, Rolla, MO 65401 (SplashZone Parking Lot)
 What: 5K Run; Duathlon/Team Duathlon 5K (3.1 mi) Run/30K (18.6 mi) Bike
 Packet Pickup: Saturday, June 9th from 6:30 – 7:30 am Ber Juan Park
 Course: Run over rolling hills, bike out and back through country over hilly course-no water stops.
Helmets required for all riders
 Awards: Top 3 in each age group, male and female
 Top 3 teams (no divisions)
 Age Groups: 19 & under; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 & over
 Entry Fee: 5K Run only: \$15 if post-marked before 6/1 \$20 after 6/1
 Duathlon: \$25 if post-marked before 6/1 \$30 after 6/1 T-shirts for everyone!
 Team Duathlon: \$30 if post-marked before 6/1 \$35 after 6/1

Name _____ Age on race day _____ Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 _____ Male _____ Female _____ 5K Duathlon: _____ Individual _____ Team (Teammate: _____)
 Race Day Registration: 6:30 – 7:30 am Ber Juan Park (SplashZone Parking Lot)
 Drop off entry form or mail to: The CENTRE; P.O. Box 788; Rolla, MO; 65402 (573) 341-2FUN

STANDARD ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY
 ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY.

I acknowledge that a Duathlon or 5K Run 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 THE CENTRE'S DUATHLON OR 5K RUN. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised otherwise by a qualified medical person.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I AGREE to abide by the competitive rules; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft, or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from this event, event sponsors, race directors, volunteers, the state, city, or county in which the event is held, the officer, directors, employees, representatives and agents of any of the above; c) I AGREE not to sue any of the persons or entities mentioned; d) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities that have been waived, released or discharged herein; e) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed. I hereby affirm that I am eighteen (18) years of age or older, that I have read this document, and I understand its contents.



Printed Name _____ Signature _____ Date _____

Door Prizes Sponsored By:



509 W. Fifth St. 573-368-3001 M-F 10 – 6 pm Sat 10 – 5 pm www.route66bicycles.com
 Office use only: Amount received _____ Payment method: cash check credit card Date processed _____ Staff: _____