

APPLICATION

MAUI TRIATHLON

Individual & Team International Championships

2008 (exact date TBD)

Long Course, Middle Distance & Olympic Distances

Circle desired category:

Individual: Long Course \$200/\$255* Middle Distance \$95/\$125*
Olympic \$65/\$85*

Relay Team: Long Course \$225/\$275* Middle Distance \$120/\$150*
Olympic \$90/\$115*

*Pay this amount if postmarked after August 15.

Please TYPE or PRINT the following information:

Female Male Date of Birth ___/___/___ Age (on race day) ___ T-Shirt Size: S M L XL XXL
Last Name ___ First Name ___
Middle Initial ___

Mailing Address: Street or P.O. Box

City ___ State ___ Zip Code or Postal Code ___

District/ Province ___

Country ___

Telephone (___) ___ Fax (___) ___ E-mail ___

Emergency Contact Person ___ Telephone (___)

Country or U.S. state you will represent if different from mailing address

Previous triathlon achievement(s)

Other outstanding accomplishments (athletic, professional, personal)

AWARD DIVISIONS

Circle category(s):

Individual: Age Group (5 year increments) Physically Challenged Military Athena
Clydesdale

Relay Team: Female Male Mixed Physically Challenged Military Athena
Clydesdale

Names of relay team members ___/___/___

Swimmer Cyclist Runner

Entry fee includes shirt, medal(s), race day refreshments and, admission to pasta party and awards ceremony/beach party.

Guest admission charges: \$14 pasta dinner; \$16 awards ceremony/beach party. Please include additional payment with entry fee.

Entry fees payable by check or money order (U.S. funds drawn on U.S. bank only) to **MAUI TRIATHLON**. Entry fee must accompany application(s). **Mail to:** Maui Triathlon, P.O. Box 330533, Kahului, HI 96733, USA

Entry confirmation and race packet will be mailed after receipt of application and fee. No refunds after September 30, 2000.

Youth Triathlon application available upon request.

MAUI TRIATHLON • P.O. Box 330533, Kahului, HI 96733, USA • Telephone: (808) 579-9502
Fax: (808) 579-9524
E-mail: info@maui triathlon.com

MEDICAL QUESTIONNAIRE

The following information is crucial to the Maui Triathlon Medical Staff to ensure proper care in the event of accident or illness during the race. If you answer YES to any of the following questions, please complete your response in the space provided below. Attach an additional sheet if necessary.

1. Do you have any current or chronic medical problems which are being followed by a doctor?
.....Yes No
2. Are you taking any medications?
.....Yes No
3. Are you allergic to any medications?
.....Yes No
4. Are you hypersensitive to insect stings or any ocean animals?
Yes No
5. Do you wear contact lenses?
.....Yes No
6. Do you wish the Maui Triathlon medical personnel to be aware of any specific medical problems?
Yes No
7. Do you have any specific questions for the Maui Triathlon medical personnel?
Yes No
8. Have you ever dropped out during a race for medical reasons, or received medical care during or after an event?
Yes No
9. Do you have a permanent or chronic medical and /or physical condition?
Yes No

Question #

Question #

IT IS YOUR RESPONSIBILITY TO NOTIFY THE MAUI TRIATHLON ORGANIZING TEAM OF ANY CHANGES IN YOUR MEDICAL INFORMATION.

WAIVER , RELEASE & INDEMNIFICATION FORM

In consideration of the acceptance of my entry in the MAUI TRIATHLON, INDIVIDUAL & TEAM INTERNATIONAL CHAMPIONSHIPS and in consideration of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as the areas to which admission by general public spectators is prohibited), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, I for myself, my personal representatives, heirs and next of kin acknowledge, agree and represent that I have, or will immediately upon entering any such restricted areas and all portions thereof which I enter and with which I come in contact, and further warrant that my entry upon such restricted area or areas and my participation, if any, in the event constitutes an

acknowledgment that I have inspected such restricted area and that I find and accept the same as being safe and reasonably suited for the purposes of my use, and further agree and warrant that if, at any time, I am in or about restricted areas and I feel anything to be unsafe, I will immediately advise the officials of such and will leave the restricted area(s).

1. I hereby agree to comply with all the rules and regulations and event instructions of the MAUI TRIATHLON and its directors.
2. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the Maui Triathlon event and its related activities.
3. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that my physical condition has been verified by a licensed medical doctor.
4. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the MAUI TRIATHLON event for any purposes.
5. I hereby permit the free use of my name and picture in promotional materials, broadcasts, videos, telecast and the press as they pertain to MAUI TRIATHLON.
6. I hereby understand that Maui Triathlon may release my name, address and telephone number to media representatives and sponsors. I may request that this information not be released by notifying MAUI TRIATHLON in writing at the time this application is submitted.
7. I hereby agree that in the event of a race cancellation due to a storm, rain, inclement weather, winds or other Act of God conditions, my entry fee shall be nonrefundable.
8. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE MAUI TRIATHLON, its organizing team, officials, any persons in any restricted areas, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as releasees, from all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of the releasees or otherwise while I am in or upon the restricted area and/or competing, officiating in, observing, working for, or for any purpose participating in the event.
9. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in or upon the restricted area or in any way competing, officiating, observing, working for, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.
10. I HEREBY ASSUME FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/ or while competing, officiating, observing, working for, or for any purpose participating in the event. I expressly acknowledge and agree that the activities could be dangerous and involve the risk of serious injury and/or death and/or property damage. I further expressly agree that the foregoing waiver, release and indemnity agreement is intend to be as broad and inclusive as permitted by the laws of the State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I HAVE READ AND VOLUNTARILY SIGN THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made. This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said releasees during the entire season and applies to each and every event or activity herein above mentioned, and has the same effect as if executed after each and every event or activity in which I participate so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event herein above directed.

Printed or typed name of participant
Occupation

Written signature of participant (or parent/guardian for participant under 18)
Date

Complete and mail the following:

2000 Application; signed Waiver, Release and Indemnification form; check or money order in U.S. funds drawn on a U.S. bank only.

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