



# TINMAN 2016

## DUATHLON

Sunday March 6

**RUN → 2 Miles SWIM → 800 meters RUN → 2 Miles**

2016 TINMAN DUATHLON ENTRY FORM (Please PRINT Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age (on 3/06/16) \_\_\_\_\_  
Birthdate \_\_\_\_-\_\_\_\_ Sex (circle one) M F email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Division (please circle selection): Age Group or Team

For Team entrants, circle one: Male or Female or Co-Ed

**Teams:** Enclose separate entry form for 2 team members in a single envelope. **Circle one:** Swimmer or Runner

T-Shirt (100% Cotton) circle one : S M L XL XXL (included in entry fee)

Entry Fees:	Individual	\$30 (thru 2-16-16)	Relay Team	\$60 (thru 2-16-16)
		\$40 (thru 3-04-16)		\$70 (thru 3-04-16)
		\$45 race day entry		\$80 race day entry

**Mail entry form and fee to:** Tin Tri Hawaii  
c/o The Bike Shop  
1149 South King Street  
Honolulu, HI 96814

**Check #** \_\_\_\_\_ **Amount Enclosed \$** \_\_\_\_\_  
**Payable to:** Tin Tri Hawaii

*\*You can also register online at Active.com*

### ACCIDENT WAIVER AND RELEASE OF LIABILITY

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, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize the liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned maintained or controlled by them or because of their possible liability without fault. I certified that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, 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 occurs to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: City and County of Honolulu, the State of Hawaii, Tin ActivEd., TinTri Hawaii, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment, 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 photo, video or film likeness to be used for any legitimate purpose for the event holders, producers, sponsors, organizers and or assigns.

This Accident Waiver and Releases of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

PLEASE PRINT Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

### PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

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.

PLEASE PRINT Parent or Guardian Name \_\_\_\_\_ Signature of Parents or Guardian \_\_\_\_\_ Date \_\_\_\_\_