



**Desert Half Iron
Osoyoos, BC
July 8, 2012
Race Entry Registration Form**



WWW.OSOYOOSHALF.CA



*Field limited to 650 Entrants & Beautiful scenic rural course
35 Qualifying Spots for the 2012 Subaru Ironman Canada-TBA*

****Mandatory Saturday Bike check-in & Package p/u****

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____ Gender: Male / Female

Home Phone: _____ Work Phone: _____

Date of Birth / / Age as of December 31st, 2012 _____

Shirt Size: (Circle One) S M L XL XXL (Shirt Sizes are in Men's and Ladies Sizing)

E-mail Address: _____

Entry Fees: Up to January 31, 2012	\$ 240.00	\$ _____
From February 1 – May 31, 2012	\$ 255.00	\$ _____
From June 1 – July 7, 2012	\$ 270.00	\$ _____

Relay Fees: Up to January 31, 2012	\$255.00	\$ _____
From February 1 – May 31, 2012	\$265.00	\$ _____
From June 1 – July 7, 2012	\$275.00	\$ _____

PLEASE NOTE: The Race Entry fee includes HST

Relay Categories: Men ___ Women ___ Mixed ___ Relay Leg You Are Doing: Swim ___ Bike ___ Run ___

PLEASE NOTE: Entry Form Required for Each Relay Team Member

TOTAL \$ _____

NOTE: PHOTO ID IS REQUIRED AT PACKAGE PICK UP

****New Withdrawal Policy – Entry will be rolled over to 2013 - \$75 Admin Fee****

**Requests must be made via Email on or before April 30th, 2012 – NO REFUNDS/TRANSFERS
TRIBC/ATA cards will be checked at registration. If you do not have a membership, the \$15 day of
race insurance fee will be collected before you receive your race package.**

Please Mail Money Order or Cheque to:

Outback Events (NO CASH) Mail: 4310 Hazell Rd., Kelowna, BC V1W 1P8

Athlete Profile (For Race Announcer)

Number of years in triathlons: _____

Number of triathlons competed in: _____

Profession: _____

Team/Sponsor/Club: _____

Accomplishments/Comments:

Estimated swim time: _____ Estimated finish time: _____

MEDICAL INFORMATION

Do you have any current or chronic medical problems followed by a doctor?

Are you on any medications? If so, what?

Are you allergic to any medications or insect stings?

Do you wish the medical personnel to be aware of any specific medical problems?

Have you ever dropped out during a race for medical reasons? If so, please explain.

Additional medical comments:

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

******Note: We need a contact number of someone who will be with you on race day, not racing, also a cell # to get in touch with them during the race.******

Athlete Waiver and Release and Indemnification

ATHLETES: PLEASE READ CAREFULLY AND SIGN FOR ENTRY TO BE ACCEPTED.

I acknowledge that the Desert Half Iron Triathlon 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 DESERT HALF IRON TRIATHLON EVENT. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that the various race sponsors, organizers and administrators, permitting me to participate in the Desert Half Iron Triathlon Event, accept my statements on this release waiver.

In consideration for allowing me to participate in the Desert Half Iron Triathlon Event, I hereby take the following action for executor's administrator's heir's next of kin successors assigns and myself:

- 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 the Desert Half Iron Triathlon Event, THE FOLLOWING PERSONS OR ENTITIES: Desert Half Iron, Outback Events, Triathlon Canada, Triathlon BC, Town of Osoyoos, Osoyoos Parks & Recreation, Ministry of Transportation and Highways, event sponsors, event directors, event producers, volunteers, all venues in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above;
- I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and

I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during this Desert Half Iron Triathlon Event. I hereby agree that in the event of the event cancellation due to a storm, rain, winds, inclement weather, or other "Acts of God" conditions, my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial use. I understand that my email address and contact information will be shared with the Official Event Photographer.

I HEREBY AFFIRM THAT I AM NINETEEN (19) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. RACE ENTRY IS NON-TRANSFERABLE. NO REFUND OF ENTRY FEES FOR ANY REASON INCLUDING CANCELLATION DUE TO SEVERE WEATHER. BY SIGNING THIS I ALSO RECOGNIZE THAT I MAY BE SUBJECT TO DRUG TESTING AS PROVIDED FOR BY TRIATHLON CANADA'S AGREEMENT WITH THE CANADIAN CENTER FOR ETHIC'S IN SPORT. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE ROADWORTHINESS AND CORRECT OPERATION OF MY BICYCLE. I AM AWARE THAT ALL ATHLETES MUST SHOW A PICTURE ID AT CHECK-IN.

I AM AWARE OF AND AGREE TO THE REGISTRATION AND ROLLOVER REQUEST DEADLINES AS STATED ON THE RACE WEBSITE FOR THIS EVENT.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date