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Date & Time: Sunday, July 15, 2007. Mandatory Check-In and Packet Pickup: 6:30 to 7:30 a.m. Race starts at 8 a.m.

Location: Pleasant Ridge Park, Fairview Heights, IL. 1 1/2 miles off Hwy 159 west on East O'Fallon Drive

Course: Biathlon - 4.5 mile run, followed by 22 mile bike, over blacktop rural route roads. Start, Transition and Finish at Pleasant Ridge Park.

Fees: Individuals - \$25 until July 9, 2007, \$30 after July 10th or on race day. Teams - \$45 until July 9, 2007, \$50 after July 10th or on race day.

Awards: All participants will receive a T-Shirt. Prizes awarded to top three finishers in each age category and team category. Overall winners will receive special recognition and trophies.

Rules: All participants must wear helmet that complies with U.S. CPSC Safety Standard. Race number must be worn and visible at all times. Racer without visible number is disqualified at finish line. Participants may not receive assistance in the transition area. Bikes subject to random inspection in the transition area prior to the race. No support vehicles on course. No baby strollers/joggers. Timing limit of 3 hours for race completion.

Teams: Each relay team will consist of 2 persons. One team member will complete the run portion only, and the other will complete the bicycle portion only. Upon completion of the run, the running team member shall proceed to the transition area and give his or her number to the bicycling teammate who will wear it for the remainder of the race.

Important!!

Entry forms will NOT be ACCEPTED unless WAIVER IS SIGNED and race fee has been received.

Make checks payable to: Touring Cyclist Biathlon
Return to: The Touring Cyclist
101 Lanaghan Drive
Fairview Heights, IL 62208

Official Entry Form

Waiver, Release, and Indemnification Form

- I hereby agree to comply with all rules and regulations and event instructions, its Committee Members, and The Touring Cyclist, Inc.
- For myself, my executors, administrators, heirs and next of kin, I hereby: Waiver and release any and all claims that I may have against The Touring Cyclist, Inc., its directors, sponsors, members, volunteers, and employees including any and all claims that I may have against the negligence of any of them, arising out of any participation in the event and its related activities, together with any cost including attorney's fees that may be incurred as a result of any such claim whether valid or not and (b) indemnify and hold harmless the releases and each of them against any such claim that I or my guests or any one or more of my or their executors, administrators, heirs or next of kin may have or assert and against any cost including attorney's fees with respect therein. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during The Touring Cyclist Biathlon event.
- I hereby acknowledge that participation in The Touring Cyclist Biathlon competition carries with it potential hazards. I hereby release The Touring Cyclist, Inc., its directors, sponsors, members, volunteers, and employees of any liability in the event of injury or death during the event.
- I hereby attest and verify that I am physically fit and have sufficiently trained for the competition and that my physical condition has been verified by a licensed physician.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or sickness during The Touring Cyclist Biathlon.

I agree to the above waiver conditions.

Signature of Participant:

_____ Date _____

Consent of Parent/Guardian (minors):

_____ Date _____

Team Member Signature:

_____ Date _____

Consent of Parent/Guardian (minors):

_____ Date _____

Registration Information (Please Print)

Name _____ Sex _____

Age _____ Birth Date _____

Address (number & street) _____

City _____

State _____ Zip(+4) _____

Home Phone (with area code) _____

Business/Cell Phone (with area code) _____

E-Mail _____

In case of Emergency Contact:

_____ Relationship _____

Phone (with area code) _____

Race Status: Individual _____ Team _____

Individual: Age Group (circle one)

under 19 20-24 25-29 30-34 35-39

40-44 45-49 50-54 55-59 60+

Official Use

Team Category:

Male _____ Female _____ Mixed _____

Team Member's Name _____

Team Member's Emergency Contact:

_____ Relationship _____

Phone (with area code) _____

Shirt Size (circle one) SM MED LRG X-LRG

Team Member-Shirt SM MED LRG X-LRG

Military Service