

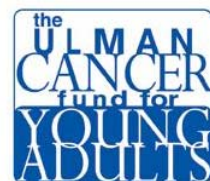
# 2010 Half Full Triathlon Registration

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**A 70 MILE FIGHT FOR YOUNG  
ADULT CANCER SUPPORT**

**SWIM .9 mile    BIKE 56 miles    RUN 13.1 miles**





A 70 MILE FIGHT FOR YOUNG  
ADULT CANCER SUPPORT

## Half Full Triathlon Registration Page

### Select a Category

<input type="checkbox"/> Individual Registration ( Next 700 Registrants) <i>Age must be at least 18 as of 10/3/2010.</i>	<b>\$170.00</b>
<input type="checkbox"/> Individual Registration <i>Age must be at least 18 as of 10/3/2010.</i>	<b>\$199.00</b>
<input type="checkbox"/> Team Relay <i>Age must be at least 18 as of 10/3/2010.</i>	<b>\$250.00</b>
<input type="checkbox"/> Corporate Challenge Relay <i>Age must be at least 18 as of 10/3/2010.</i>	<b>\$700.00</b>
<input type="checkbox"/> Aqua Velo <i>Age must be at least 18 as of 10/3/2010.</i>	<b>\$135.00</b>

### Payment Form

Credit Card

Expiration Date

Security Code

Signature

Checks can be made payable to the Ulman Cancer Fund for Young Adults, 10440 Little Patuxent Parkway, Suite 1G Columbia, Maryland 21044



# The Half Full Triathlon Waiver

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**By indicating your acceptance, you understand, agree, warrant and covenant as follows:**

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT. WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT IN CONSIDERATION of USA Triathlon (“USAT”) allowing me to participate in any USAT sanctioned event (the “Event” or “Events”) as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the “Agreement”);

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person’s physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (“Risks”). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.



4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Organizers and Promoters, Race Directors, Sponsors, Advertisers, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("Liability") which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim. I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

**I agree to the above waiver**

As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement in connection with the minor's participation in the Event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

**PARENT/GUARDIAN SIGNATURE (required if participant is under the age of 18)**

REGISTRATION AGREEMENT AND LIABILITY WAIVER (the "Agreement and Waiver")

1. Authority to Register and/or to Act as Agent. You represent and warrant to The Ulman Cancer Fund for Young Adults ("UCF") that you have full legal authority to complete this event registration on behalf of yourself and/or any party you are registering (the "Registered Parties"), including full authority to



make use of the credit or debit card to which registration fees will be charged. As used in this Agreement and Waiver, UCF refers to The Ulman Cancer Fund for Young Adults and any and all subsidiaries, affiliated entities, or entities that control or are controlled by UCF singly or together and its officers, employees, contractors, subcontractors and agents.

If you are registering a child under the age of 18 or an incapacitated adult you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child's information which you provide for the purposes of registration.

## 2. Waiver.

YOU UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. YOU UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE EVENT, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE ACTIVE FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT BY YOU OR ANY REGISTERED PARTY.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

***I agree to the above waiver***

**Full Name**

**Signature** \_\_\_\_\_



# Individual Registration

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**First Name**

**Middle Name**

**Last Name**

**Gender**

**Birth date**

**Email**

**Day Phone**

**Evening Phone**

**Address 1**

**Address 2**

**City**

**State**

**Zip**

**Country**

**Emergency Contact Name**

**Emergency Contact Phone Number**

**Please list any medical condition that  
you might have that our medical team  
should be aware of:**

**Your age on December 31, 2010**

**What category will you be racing in?**

**T-Shirt Size**

**Are you a cancer survivor?**



Are you competing in honor or memory of someone?



## RELAY INFORMATION (RELAY TEAMS ONLY)

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### Swim Leg

First Name

Middle Name

Last Name

Gender

Birth date

Email

Day Phone

Evening Phone

Address 1

Address 2

City

State

Zip

Country

Emergency Contact Name

Emergency Contact Phone Number

Please list any medical condition that you might have that our medical team should be aware of:

Your age on December 31, 2010

What category will you be racing in?



**T-Shirt Size**

**Are you a cancer survivor?**

**Are you competing in honor or memory of someone?**

## **Bike Leg**

**First Name**

**Middle Name**

**Last Name**

**Gender**

**Birth date**

**Email**

**Day Phone**

**Evening Phone**

**Address 1**

**Address 2**

**City**

**State**

**Zip**

**Country**

**Emergency Contact Name**

**Emergency Contact Phone Number**

**Please list any medical condition that  
you might have that our medical team  
should be aware of:**

**Your age on December 31, 2010**



**What category will you be racing in?**

**T-Shirt Size**

**Are you a cancer survivor?**

**Are you competing in honor or memory of someone?**

## **Run Leg**

**First Name**

**Middle Name**

**Last Name**

**Gender**

**Birth date**

**Email**

**Day Phone**

**Evening Phone**

**Address 1**

**Address 2**

**City**

**State**

**Zip**

**Country**

**Emergency Contact Name**

**Emergency Contact Phone Number**

**Please list any medical condition that  
you might have that our medical team  
should be aware of:**



**Your age on December 31, 2010**

**What category will you be racing in?**

**T-Shirt Size**

**Are you a cancer survivor?**

**Are you competing in honor or memory of someone?**

**Please Complete Registration Form and email to [halffulltri@ulmanfund.org](mailto:halffulltri@ulmanfund.org) or mail check and registration form to the Ulman Cancer Fund for Young Adults 10440 Little Patuxent Parkway, Suite 1G  
Columbia, Maryland 21044**

