



EVENT: North Lincs Adventure Challenge 2011

VENUE: Ancholme Leisure Centre, Brigg – 29th May 2011

36Km Cycle – 10km Kayak – 10km Trail Run

Solo Entry Fee £30.00 per race (BQA member £28.00)

Team entry £40 (complete team section)

Minimum age 16 yrs subject to Parental Consent

Cheques need to be made payable to "LINCSQUAD".

Entry forms should be sent to:

www.lincsquad.co.uk

North Lincs Challenge entry
c/o 41 The Meadows
Messingham
North Lincolnshire
DN17 3UD

SOLO ENTRY

Full Name _____ **Title** Mr / Miss / Mrs / ____

Address _____ **Male / Female**

_____ **Date of Birth** _/ _/ _

_____ **Telephone** _____

Postcode _____ **Mobile** _____

Email Address _____ **Mailing List** Yes / No

Estimated Times for **Bike:** **Kayak:** **Run:** **Overall:**

PLEASE COMPLETE THE FOLLOWING WAIVER, ENTRIES WILL NOT BE ACCEPTED WITHOUT IT.

Acknowledgment, Waiver and Release from Liability (AWRL)

I acknowledge that a quadrathlon, triathlon or duathlon event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury, and property loss.

I HEREBY ASSUME THE RISKS OF PARTICIPATING IN MULTI-SPORT OR BI-SPORT / DUATHLON EVENTS. I certify that I am physically fit and have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. Acknowledge that my statements on this AWRL are being accepted by Lincolnshire Quadrathlon Club ("LQC") in consideration for allowing me to become a member in LQC and are being relied upon by LQC and the various race sponsors, organisers and administrators in permitting me to participate in any LQC sanctioned event.

In consideration for allowing me to become a member of LQC and allowing me to participate in LQC sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions:

- (a) I **AGREE** to abide by the Competitive Rules adopted by LQA, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules;
- (b) I **AGREE** that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facilities or area;
- (c) I waive, release, **AND DISCHARGE** from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or related to my participation in or my traveling to and from a LQC sanctioned event, **THE FOLLOWING PERSONS OR ENTITIES: TI, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL CITIES, COUNTRIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYERS, REPRESENTITIVES AND AGENTS OF ANY OF THE ABOVE. EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY;**
- (d) I **ACKNOWLEDGE**, that there may be traffic or persons **ON THE** course, route and I **ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY LQC.** I also **ASSUME ANY AND ALL OTHER RISKS** associated with participating in LQC sanctioned events including, but not limited to falls, contact and/or effects with other participants, effects of weather including heat and / or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers. All such risks being known and appreciated by me, I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph (c) or of other persons or entities;
- (e) I **AGREE NOT TO SUE** any of the persons or entities mentioned above in paragraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein;
- (f) I **IDENTIFY AND HOLD HARMLESS** the persons or entities mentioned above in paragraph (c) from any and all claims made or liabilities assessed against them as a result of: (i) my actions or inaction's; (ii) the action's, inaction's or negligence of others including those parties hereby indemnified: (iii) the conditions of the facilities, equipment or areas where the event or activity is being conducted: (iv) the Competitive Rules; or (v) any other harm caused by occurrence related to LQC sanctioned event;
- (g) I **GRANT PERMISSION** for the use of my name and / or likeness relating to my participation in a LQC sanctioned event, and I **WAIVE** all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness;
- (h) I **AGREE** to my membership details/record being held on computer database and shared with other agencies involved in regulating sport as necessary; and
- (i) I **UNDERSTAND** that Lincolnshire Quadrathlon Club may inform or notify me of business by post, e-mail or by **posting the relevant information on its website (www.lincsquad.co.uk).**

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT'S CONTENTS,

PRINT
NAME _____ SIGNATURE _____ DATE _____

If person is under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____ (parent / guardian) the parent and natural guardian of _____ (minor's name) hereby acknowledges that he / she has executed the foregoing AWRL for and on behalf of the minor named herein, as the natural or legal guardian of such a minor. I hereby bind myself, and our executors, ADMINISTRATORS, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to identify and hold harmless the persons or entities mentioned in the forgoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical health care facility ('Medical Provider') to treat the minor named for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by LQC. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: Parent / Guardian must also sign AWRL above.**

TEAM RELAY ENTRY 2011

(TEAM NAME) _____

BIKE

Estimated Time:

Full Name	_____	Title	Mr / Miss / Mrs / ____
Address	_____		Male / Female
	_____	Date of Birth	__ / __ / ____
	_____	Telephone	_____
Postcode	_____	Mobile	_____
Email Address	_____	Mailing List	Yes / No

Your signature in box

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KAYAK

Estimated Time:

Full Name	_____	Title	Mr / Miss / Mrs / ____
Address	_____		Male / Female
	_____	Date of Birth	__ / __ / ____
	_____	Telephone	_____
Postcode	_____	Mobile	_____
Email Address	_____	Mailing List	Yes / No

Your signature in box

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RUN

Estimated Time:

Full Name	_____	Title	Mr / Miss / Mrs / ____
Address	_____		Male / Female
	_____	Date of Birth	__ / __ / ____
	_____	Telephone	_____
Postcode	_____	Mobile	_____
Email Address	_____	Mailing List	Yes / No

Your signature in box

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