



Ozarks Multisport Club

Duathlon

Series

Registration

Download a form at
www.DuSeries.com

Mail completed form to:

*OMC Duathlon Series
c/o Fleet Feet Springfield
1254 E Republic Rd
Springfield, MO 65804*

In person on race day from 5-5:45pm at the Transition Area. Races start at 6:00pm.

DuSeries.com



Event Description

- **Beginner-friendly** 4-event series
- Run-bike-run format
- Consider this your first step toward a triathlon!
- Runner-only category option

2019 Series Schedule (subject to change)

*** Start time is **6:00pm** for each race **

Distances (in miles)

Tuesday, May 14	Run 1 / Bike 11 / Run 1
Tuesday, May 21	Run 2 / Bike 11 / Run 1
Tuesday, May 28	Run 1 / Bike 11 / Run 2
Tuesday, June 4	Run 2 / Bike 11 / Run 2

Course Description

Transition Area—The transition area takes place in the parking lot at the NW

corner of Fellow's Lake, just east of "the hill."

Run Course

The run takes place on a paved, rolling access road that runs parallel to the north shore of Fellow's Lake.

Bike Course

The bike course is a clockwise loop around Fellow's Lake.

2019 DUATHLON SERIES ENTRY FORM

Return this form to: OMC Duathlon Series, c/o Fleet Feet Springfield
1254 E. Republic Rd, Springfield, MO 65804

Table with 3 columns: FEES, Single Race, Series (must pay on or before first race to get this rate). Rows include Individual Runner, Individual Duathlete, and Team Duathletes.

- Date(s) you are registering for today (please circle): May 14 - May 21 - May 28 - Jun 4
Are you purchasing an OMC membership too? (\$20) YES / NO

TOTAL ENCLOSED \$_____

PAYMENT METHOD _____ CHECK _____ CASH

Please include DL# and phone #. Make checks out to Ozarks Multisport Club.

LAST NAME _____ FIRST NAME _____ GENDER M / F AGE ON 6/4/19 _____

ADDRESS _____

PHONE _____ PREFERRED SHIRT SIZE (not guaranteed): S M L XL

EMAIL _____

LAST NAME _____ FIRST NAME _____ GENDER M / F AGE ON 6/4/19 _____

ADDRESS _____

PHONE _____ PREFERRED SHIRT SIZE (not guaranteed): S M L XL

EMAIL _____

Ozarks Multisport Club Waiver of Liability for all Damages

CAUTION: THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING. OZARKS MULTISPORT CLUB IS A NONPROFIT ORGANIZATION. REFERENCE TO OZARKS MULTISPORT CLUB INCLUDES ALL ITS BOARD OF DIRECTORS, OFFICERS, MEMBERS, VOLUNTEERS, SPONSORS, AGENTS AND ASSIGNS.

I, the undersigned participant, understand that I am freely choosing to participate in this training program. In consideration of my participation in this program, I acknowledge and agree as follows:
I am aware that swimming, cycling, running, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of swimming, cycling, running, practicing or training in an athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. (initial)

WAIVER OF ALL CLAIMS FOR ALL DAMAGES INCLUDING PROPERTY, INJURY AND DEATH

Knowing the risks described above, and in voluntary consideration of being permitted to participate in this training program, I agree to waive my rights and fully release Ozarks Multisport Club and their board of directors, officers, members, volunteers, agents and sponsors from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any damages including damage to property, physical and emotional injury, and death, and any other losses and damages I sustain or incur arising out of or in connection with my participation with this training program. This waiver expressly includes all claims for NEGLIGENCE. I further agree to indemnify and hold Ozarks Multisport Club harmless from and against any and all claims, lawsuits, and liabilities for said damages made by me, or by anyone asserting such claims on my behalf. (initial)

I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health related reasons or problems that preclude or restrict my participation in this training program. I recognize that Ozarks Multisport Club is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of medical emergency occurring during my participation in this training, I authorize in advance the representative of Ozarks Multisport Club to secure whatever treatment necessary, including the administration of anesthetic and surgery. Ozarks Multisport Club may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between them and me. I release Ozarks Multisport Club, its board of directors, officers, members, volunteers, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in this training group, as well as any medical treatment decision or recommendation made by an employee or agent of Ozarks Multisport Club. I agree to pay all expenses relating thereto and release Ozarks Multisport Club from any liability for any actions (initial)

I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements or inducements, oral or written, apart from foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Missouri which shall be the forum for any lawsuits filed under or incident to the Release Form or to this training program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature: _____

Date: _____