



Verna Mize Triathlon  
Houghton, Michigan

**MUST PREREGISTER** via phone, text or email before August 1 at 5:00 PM  
Call or text: 906-482-2422 or Email: [beach@up.net](mailto:beach@up.net)  
Forms available at [www.vernamizetriathlon.com](http://www.vernamizetriathlon.com)

**SATURDAY, AUGUST 3, 2024**

**RAY KESTNER WATERFRONT PARK – EAST END**

**RACE CHECK-IN: Ray Kestner Waterfront Park – East End 6:30 AM – 7:40AM**

<b>RACES:</b>	<b>MAIN MIZE:</b>	<b>8:00AM</b>	<b>Swim ½ mi</b>	<b>Bike 8 mi</b> Helmets Mandatory	<b>Run 4 mi</b>
	<b>Mini Mize:</b>	<b>8:01AM</b>	<b>Swim ¼ mi</b>	<b>Bike 4 mi</b> Helmets Mandatory	<b>Run 2 mi</b>

All races open to all ages

**ENTRY FEE: \$5.00 – Cash Only Pay at Registration**

**BRING COMPLETED ENTRY FORM TO RACE DAY**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_

Race: Main \_\_\_\_\_ Mini \_\_\_\_\_ Adult(18+) \_\_\_\_\_ Youth \_\_\_\_\_

**TEAMS (AN ENTRY FORM FOR EACH TEAM MEMBER IS NEEDED )**

**Race: Main\_\_\_\_\_ Mini\_\_\_\_\_**

**Team Name:\_\_\_\_\_**

**Select one: ADULT(18+)\_\_\_\_\_ YOUTH\_\_\_\_\_**

**Name of person completing each leg: Swim\_\_\_\_\_ Bike\_\_\_\_\_ Run\_\_\_\_\_**

**TEAMS:** Comprised of 3 people.

**AWARDS:** Medals will be awarded to the top 3 finishers in each division.

**INFORMATION:** For more information call / text (906) 482-2422

**MUST SIGN MANDATORY WAIVER**

**Bib #:**

**PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)**

I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS OR MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised against participation by a qualified health professional. I acknowledge that my statements in this AWRL are being accepted by various race sponsors, organizers, and administrators in permitting me to participate. I agree that prior to participating in an event, I will inspect the racecourse, facilities, equipment and areas to be used and if I believe any are unsafe, I will immediately advise the person supervising the event. © I WAIVE, RELEASE AND FOREVER DISCHARGE from and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from the Verna Mize Triathlon. THE FOLLOWING PERSONS OR ENTITIES; EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES 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 THE Verna Mize TRIATHLON. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in the Verna Mize Triathlon including but not limited to falls, contact and/or effects with other participants, effects of weather including cold, 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 posted by spectators or volunteers, all such risks being know and appreciated by me; and I further acknowledged that these risks include risks that may be the result of negligence of persons or entities mentioned above in subparagraph © or of other persons or entities. I FURTHER CONVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph © for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY and HOLD HARMLESS the persons or entities mentioned above in subparagraph © from any and all expenses incurred, claims made, or liabilities assessed against them, including buy not limited to attorney's fee and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part (I) my actions or inactions (ii) my breach or failure to abide by any part of the AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by and of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name, recorded voice, testimonial, hometown and/or likeness relating to my participation in the Verna Mize Triathlon for specific purposes of advertising, marketing production, printing, promotion, broadcast, distribution, sale via any relevant means and media including but not limited to television, radio, print, publication, videotape, audiotape, and digital means for commercial and/or non-profit gain, and I WAIVE all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

**I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT**

**PRINT NAME:\_\_\_\_\_ SIGNATURE:\_\_\_\_\_**

**For persons 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 or guardian of \_\_\_\_\_(minor) hereby acknowledges that s/he has executed the foregoing AWRL for and on behalf of minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executor's administration, 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 for and on behalf of the minor named herein, and I agree to INDEMNIFY and hold harmless the persons or entities mentioned in the foregoing AWRL of the minor in the execution of the foregoing AWRL or in the execution of the consent and authorization of medical treatment. I hereby authorize any licensed physician, emergency medical technician, hospital or medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the Verna Mize Triathlon. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries. I consent to administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

**PARENT/GUARDIAN SIGNATURE\_\_\_\_\_ RELATIONSHIP TO MINOR\_\_\_\_\_ DATE\_\_\_\_\_**