

Trail Running – Mountain Biking – Trail Running – Mountain Biking - Trail Running– Mountain Biking

November 8<sup>th</sup>, 2014



(TR)<sup>3</sup> = fun!

Trail Run

Trail Ride

Trail Run

Where:  
Pioneer Park in  
Prescott

When:  
Packet Pick-up 9:00am  
Race Start : 11:00am



What:  
2.5 mile Trail Run  
then  
11 mile mtb Trail Ride  
then  
1.5 mile Trail Run



Solo age divisions will be 14-18, 19-29, 30-39, 40-49, 50+ for men and women. Awards will be given to the top 3 finishers in each division.

Relay teams will be all in one division with awards given out to the top 3 places.

Overall men's and women's winners will receive trophies.

Post race drawings for great prizes!



For more information visit [www.GO-AR.com](http://www.GO-AR.com) and click on "Events" A production of GO Adventure Recreation LLC

TR<sup>3</sup> OFFICIAL ENTRY FORM

Each team participant must complete an individual registration form. For additional forms go to [www.Go-AR.com](http://www.Go-AR.com) or copy this form.

Name: \_\_\_\_\_ Duathlon Team Partner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Entry Fees:

Single Entry paid by Oct.12, 2014 = \$42  
October 13 to Race Day = \$55  
Relay Entry paid by Oct. 12, 2014 = \$68  
October 13 to Race Day = \$88

Entry limited to solo participants or 2-person relay teams.  
Must be a minimum of 14 years old on race day to compete.

Mail Checks to: GO-AR  
2187 Mark Ave.  
Prescott, AZ 86301



Please circle T-shirt size S M L XL

No refunds of any kind after Oct. 10, 2014. Limited to 150 racers.

Waiver and Release of Liability

I acknowledge that the TR<sup>3</sup> Mountain Bike Duathlon to be held on November 8, 2014 (hereinafter referred to as the event) is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

- \*I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.
  - \*I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.
  - \*In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: GO Adventure Recreation LLC, the City of Prescott, Yavapai County, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.
  - \*I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.
  - \*I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.
  - \*The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
- I hereby certify that I have read this document; and I understand its content.

All entries submitted for participants under 18 years of age must be signed by a parent or legal guardian for and on behalf of the minor named herein. It is understood that the parent/guardian acknowledges and assumes full risk for and on behalf of said minor. I also attest that minor is at least 14 years of age on race day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (If participant is under 18): \_\_\_\_\_