



**REGISTRATION FORM**  
**MINNESOTA STATE UNIVERSITY, MANKATO**  
**INTRAMURAL SPORTS DUATHLON**  
**Sunday, February 1<sup>st</sup>, 2009 9:00 am**

Name \_\_\_\_\_ MSU Tech ID number: \_\_\_\_\_

Student \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Other \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

Category: Men's \_\_\_\_\_ Women's \_\_\_\_\_

Bicycle: Recumbent (sit down) \_\_\_\_\_ Upright \_\_\_\_\_ No Preference \_\_\_\_\_

Entrance Fee: \$15 (paid with duathlon invoice)

**\*\*ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER \*\***

**LIABILITY WAIVER**  
**2009 INTRAMURAL SPORTS DUATHLON**

I hereby affirm my desire to participate in the Duathlon on Sunday, February 1<sup>st</sup>, 2009 at 9:00 am sponsored by the Office of Campus Recreation of Minnesota State University, Mankato.

Realizing that there is risk in this activity and in consideration of my being allowed to participate in this activity, I personally assume all risks in connection with the triathlon. I further agree to release and hold harmless the State of Minnesota, the Board of Trustees of the Minnesota State Colleges and Universities, Minnesota State University, Mankato, their officers, agents and employees from any and all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness, or death which my now or hereinafter arise out of, result from, or in any way be connected with my participation in the above mentioned MSU, Mankato Intramural Sports Duathlon.

I understand that neither the State nor any of its agencies, including Minnesota State University, Mankato, provides health insurance, and it is my responsibility to obtain such insurance.

I further state that I am lawful age and legally competent to sign this release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility, and assume my own responsibility of physical fitness and capacity to participate in such event, and I am physically fit.

I hereby agree to comply with all rules and regulations and event instructions of the Minnesota State University, Mankato Intramural Sports Duathlon. I also give permission for the free use of my name and picture in any media account of promotion of this event. Finally, I agree that in the event of race disqualification, or my failure to attend, my entry fee shall not be refunded.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date