

**Emlenton Festival**  
**Duathlon**

**Date:** Saturday – July 9, 2011 Rain or Shine  
**(NO REFUNDS)**

**Registration:** 8:00 a.m. – 8:45 a.m.

**Race starts: 9:00 a.m. Sharp**

**Sponsored By:** Salusky Farm  
Brosnahan, CPA  
Ace Repair

**Registration and Starting Line** are located at Hughes Park, on top of the Emlenton Hill, below the swimming pool.

**Timing:** Done by Runner's High of Grove City

**Classes, Categories, and Places:**

**Individual Men**

**Individual Women**

Ages – Youth – 19  
20 – 29  
30 – 39  
40 & up

Ages – Youth – 19  
20 – 29  
30 – 39  
40 & up

**Places (Men & Women)**

**1<sup>st</sup> Place Overall**  
**1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, Each Age Group**

**Teams**

1<sup>st</sup> Place, 2<sup>nd</sup> Place, and 3<sup>rd</sup> Place

**Awards** – Trophies and Medals

**Registration Fee** – Individuals \$20.00 Pre-Registration  
\$25.00 Race Day  
Teams \$25.00 Pre-Registration  
\$30.00 Race Day

**Make Checks Payable** – Emlenton Summer Festival

**Send Replies To:** Bob & Sheila Morrison  
1103 Prospect St  
Emlenton PA 16373  
(724) 867-6881

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I voluntarily request permission to participate in the Emlenton Biathlon. I understand the hazardous nature of this activity and accept full responsibility for my participation and the risk involved including, by way of example and not limitations, dangers of collision, vehicles, other runners, fixed or moving objects, dangers arising from surface hazards, the release parties negligence, weather conditions, and the possibility of serious physical and/or mental trauma or injury. I have no physical or mental condition, to my knowledge, which would endanger myself or others, or would interfere with my participation. I agree to abide by all applicable law and regulations and to act in a safe and courteous manner. I acknowledge that it is required that I wear my number tag at all times during the race. In consideration of permission to participate in the Emlenton Biathlon for myself, my heirs, executors, administrators, legal and personal representatives, successors and assigns, I do hereby discharge, release, hold harmless, promise not to use and indemnify any parties involved in any manner with this event. I hereby consent to emergency treatment in the event of injury or illness.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email** (if you'd like contacted next year) \_\_\_\_\_

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

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Parent's or Guardian Signature (if entrant is under 18)