



EAST BEACH

RUN~SWIM~RUN

**Saturday,
July 24th
8:00 AM**

RACE COURSE: The race consists of a 5k Run through East Beach, 1,000 meter swim in the Chesapeake Bay and another 5k run. If this sounds like too much for you then sign up for the 5k. These races will be ChampionChip Timed with individual splits provided for the run, swim and run portions of the "aqualon". The run swim run is USAT sanctioned.

PARKING/DIRECTIONS: All activities are at the East Beach Bay Front Club located at 4550 E Ocean View Ave Norfolk, VA 23518. Parking on race day is available at East Beach in the designated areas. Please follow the "special event" parking signs.

REGISTRATION: The fee for the 5k is \$20 and for the RSR is \$40.00 for all registrations post marked by July 14, 2010. For post marks after July 14, 2010 the fee for the 5k is \$25 and for the RSR is \$45.00 up until July 24, 2010. Please mail all registrations to KaleRunning.com, 1211 Buckingham Ave., Norfolk, VA. 23508. Please make all checks payable to KaleRunning.com. Registration is also available on Active.com with no transaction fee.

PACKET PICK UP: Packet pick up and late registration will be held at the Bay Front Club from 3:00pm to 7:00pm Friday, July 23rd 2010. For the run swim run, you must present your valid USAT card or fill out a one day waiver in person. The Run Swim Run starts at 8:00 AM followed by the 5K at 8:15 AM.

AWARDS: Awards ceremony & Beach Party will start at approximately 11:30am outside of the Bay Front Club. There will be plenty of food and drink by Mobile Pig-Nic. Extra meal tickets will be sold to non participants for \$7.00 per adult and \$5.00 per child.

AGE GROUPS: Top three Male & Female overall and in each age group will receive an award for the 5k and RSR. Top three teams in each RSR division (male, female, mixed) will receive an award. The top three male and females in the 5k and RSR will receive an award; 16 and Under, 17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 and over.

Name (First, MI, Last) _____

Address _____

City _____ State _____ Zip _____

Age ___ Sex ___ Phone Number _____

Email _____

Birth date _____ Personal Chip ID _____

T-Shirt size (circle one) S M L XL

(Check one)

5k ___ or RSR ___ Team Name (RSR Only) _____

Team Division (check one) ___ Male ___ Female ___ Coed

Entry Fee Schedule:	
Post-Marked by July 14, 2010	
5K Entry	(\$20) _____
RSR Individual	(\$40) _____
RSR Relay	(\$50) _____
Post-Marked after July 14, 2010	
5K Entry	(\$25) _____
RSR Individual	(\$45) _____
RSR Relay	(\$60) _____
Other Fees:	
USAT 1-day	
License **	(\$10) _____
Extra Kid Meal Tix	(\$5) _____
Extra Adult Meal Tix	(\$7) _____
Total Enclosed _____	
** 1-day license for non-USAT members. Even though 1-day license fee is included you must complete and sign the USAT Insurance form at packet pickup.	

East Beach Run~Swim~Run & 5K

Saturday July 24, 2010

I understand that a run swim run is a potentially hazardous activity. I should not enter the event unless I am medically able and properly trained. I agree to abide by any decision of a race official to my ability to safely complete the event. I assume all risks associated with participating in the event including, but not limited to, falls, contact with other participants the effects of weather including heat and humidity, traffic conditions of the roads or trails, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Kale Enterprises, the City of Norfolk, East Beach, race officials, US Coast Guard, volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participation in this event. This race is not intended for baby joggers, headphones, skates and dogs on leashes and I will abide by these guidelines.

Signature _____ Date _____

Parent's signature if less than 18 yrs is required. No Refunds, Exchanges, or Transfers. Race held rain or shine

The Waiver below must be signed before your entry can be processed.

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

I acknowledge that a triathlon, duathlon, or multi-sport 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. 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 on this AWRL are being accepted by USA Triathlon ("USAT") in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event. In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any 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 a USAT sanctioned event, THE FOLLOWING PERSONS OR ENTITIES: USAT, 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 NEGLIGENCE ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENCE 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 ANY OTHER EVENT SANCTIONED BY USAT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) 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 (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees 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 this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all rights 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, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

PRINT NAME _____ SIGNATURE _____ DATE _____

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 and natural guardian of _____ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors 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 for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment. I hereby authorize any licensed physician, emergency medical technician, hospital or other 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 any event sanctioned by USAT. 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 and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications 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. NOTE: Parent/Guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP TO MINOR _____