



Springs Splash and Dash

Portal Pool 3535 N. Hancock Ave. Colorado Springs 80907

June 15th, 29th, July 13st, 27th, Aug. 3rd, 10th

Youth: 150y swim - 1.25 mile run Adult Short: 600y swim - 4 mile run
Adult Long: 900y swim - 4 mile run, Swim caps provided, age group
Series Awards, aid stations and event timing provided by:

Colorado Running Company

Start time: Youth 5:30pm – Adults 6:00pm

Springs Splash and Dash 2010 For more information contact Lisa at #719-337-2737 or camicoach@yahoo.com

First Name: _____ Last Name _____ Age _____ Gender: Male ___ Female ___

Address: _____ City _____ State ___ Zip _____

Email address: _____ Phone number _____

Please circle event type:
Youth Adult Short Adult Long

Event Date (please check or circle which event you are registering for)

Adult Series ___\$90: June 15th ___ June 29th ___ July 13th ___ July 27th ___ Aug. 3rd ___ Aug. 10th \$ 18.00 each individual race

Youth Series ___\$60: June 15th ___ June 29th ___ July 13th ___ July 27th ___ Aug. 3rd ___ Aug. 10th \$12.00 each individual race

Total amount enclosed: _____ **Make checks payable to: Rainsberger Athletics, 175 Ellsworth St. Colorado Springs, CO 80906**

I acknowledge that this athletic 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 of the risks of participating &/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 am cleared by a physician to participate in this event. I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event 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, heirs, 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 occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Lisa Rainsberger, Rainsberger Athletics, Cami Stock, Wild Blue Racing, LLC, Swim Colorado, Inc. Kevin and Tina Dessart, City of Colorado Springs and the Park's and Recreational Dept., 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. PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature _____ Date _____

(If under 18 years old, Parent or guardian must also sign)

Signature of Parent or Guardian: _____ Date _____

There is a \$5 pool Fee for adults and \$1.00 spectator fee paid directly to Portal Pool prior to each event. This fee is not included in the registration fee. Participants must have a USAT license or purchase a one-day license on site.

