

**THE HEART CENTER
SUNRISE TO SUMMIT
and
Bend To Bachelor Duathlon/Relay**

**THANK YOU TO
OUR SPONSORS**

**ASSUMPTION OF THE RISK, RELEASE AND
INDEMNITY AGREEMENT**

I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS MT. BACHELOR SPORTS EDUCATION FOUNDATION, MT. BACHELOR, INC., ODOT, SEVEN PEAKS SCHOOL, ALL ORGANIZERS, SPONSORS, COMPETITORS, OFFICERS, DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, EMPLOYEES, OFFICIALS AND VOLUNTEERS FROM ANY AND ALL CLAIMS THAT I MAY NOW HAVE OR WHICH I MAY HEREAFTER HAVE FOR PROPERTY DAMAGE, INJURY OR DEATH WHICH I MAY SUFFER OR FOR WHICH I MAY BE LIABLE TO OTHERS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE SUNRISE TO SUMMIT AND/OR BEND TO BACHELOR DUATHLON / RELAY, INCLUDING THE USE OF THE LIFTS AND ANY OTHER USE OF THE PREMISES, FACILITIES AND SERVICES PROVIDED. THIS RELEASE AGREEMENT SHALL APPLY TO ALL CLAIMS UNDER ANY THEORY OF RECOVERY EXCEPT CLAIMS BASED UPON INTENTIONAL MISCONDUCT. I FURTHER AGREE THAT THIS CONTRACT WILL BE GOVERNED BY OREGON LAW AND THE EXCLUSIVE JURISDICTION OVER CLAIMS WILL BE IN OREGON STATE COURTS, WITH VENUE IN DESCHUTES COUNTY, OREGON. IF ANY PART OF THIS CONTRACT IS DETERMINED TO BE UNENFORCEABLE, IT IS INTENDED THAT ALL OTHER TERMS BE ENFORCED. I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT. I UNDERSTAND THAT THIS IS A RELEASE AGREEMENT WHICH WILL PREVENT ME OR MY ESTATE FROM MAKING A CLAIM FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH. I NEVERTHELESS ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNS, AND LEGAL REPRESENTATIVES. THIS IS A LIABILITY RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

DATED : _____

PARTICIPANT SIGNATURE : _____

PARENT OR GUARDIAN OF PARTICIPANT : _____
(Must be signed by parent or legal guardian if participant is under 18 years of age.)



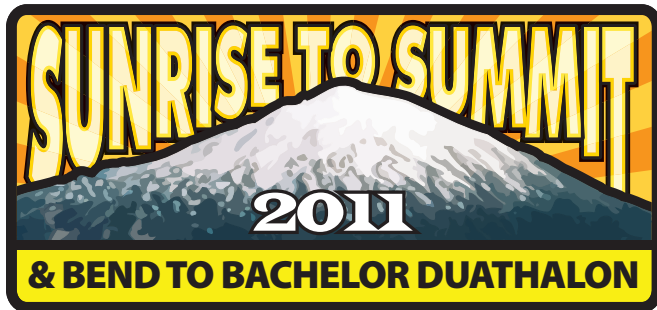
**2
different
events to
choose
from!**

RUN OR HIKE FROM WEST VILLAGE LODGE
TO THE NW CHAIR AT MT. BACHELOR
.....
RIDE & RUN IN THE BEND TO BACHELOR
DUATHLON / RELAY



For more information call
541-388-0002
www.mbsef.org
Produced by and a benefit for the
Mount Bachelor Sports Education Foundation





SUNRISE TO SUMMIT HILL CLIMB

10:30am start from the West Village Lodge at Mt. Bachelor

West Village Lodge (Elevation 6,350') to the NW Chair (Elevation 8,008'). From the start of West Village, participants will run up Lower Leeway to the cone saddle and then get on the red road all the way to the top of the Northwest Chair. After finishing, hike back down to the Pine Martin Lodge for the awards ceremony. Food services and bar will be open. You will have a lift pass in your race bag to get you back down the mountain.

BEND TO BACHELOR DUATHLON

9:30am start at Seven Peaks School

Cycle from Seven Peaks School to West Village Lodge, then run to the NW Chair. You can do this individually or as a relay team from Seven Peaks School, (elevation 3,700').

AFTER THE FIRST MILE OF THE RACE, CYCLISTS MUST USE THE BIKE LANE EXCEPT WHEN PASSING OTHER CYCLISTS.

PACKET PICK-UP:

At FootZone on Wall St., Friday, Sept. 2nd between 12 noon and 6:00pm.

Day of race packet pick-up:

Sunrise to Summit:

9 a.m. - 10 a.m. at West Village Lodge

Bend to Bachelor Duathlon/Relay:

8:00 a.m. - 9:00 a.m. @ Seven Peaks School

AWARDS

Top 3 men and women will be given awards in all races.

RAFFLE

with great prizes following races.



Produced by and a benefit for the Mt. Bachelor Sports Education Foundation. For more information call, 541-388-0002 or visit www.mbsef.org

MBSEF is the Northwest's leading youth sports training organization, promoting the positive values of competitive sports including Alpine Skiing, Snowboarding and Cycling

ENTRY FORM

**14th Annual
Sunrise to Summit and
Bend to Bachelor Duathlon**

Presented by

The Heart Center

SATURDAY, SEPT. 3rd, 2011

Please complete the following information, sign the attached waiver, and mail to MBSEF.

- \$27 Sunrise to Summit
- \$45 Bend to Bachelor Duathlon
- \$27 (per person) Bend to Bachelor Relay
- \$5 late fee after August 22nd.

Name: _____

Age: _____ Gender: _____ Shirt Size: _____

Address: _____

City, State, ZIP: _____

Phone: _____ email: _____

RELAY PARTICIPANT

Name: _____

Age: _____ Gender: _____ Shirt Size: _____

Address: _____

City, State, ZIP: _____

Phone: _____ email: _____

MBSEF • 563 SW 13th St. Ste. 201 • Bend, OR 97702