

POST FALLS DUATHLON APPLICATION

PLEASE PRINT CLEARLY

Individual or Team Runner _____

Team Name _____ Last _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Male/Female _____ Phone _____

Relay Team Biker _____ Age _____

Address _____

Street _____ City _____ State _____ Zip _____

(Circle One) **Team** Male Team Female Team Mixed Team Heavy But Healthy Team

Individual Divisions 12-15 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59
60-64 65-69 70-74 75+ HBH Wheelchair / Bike

* **HBH Division:** Male 200lbs. / Female 150lbs.

Shirt Size: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Team members indicate number of each size required.

* **NEED a runner or biker to complete your team? E-mail tstenenso@postfallsidaho.org.**

Solo with Shirt	\$32 Postmarked by 6/6/09	\$39 Late Reg.	
Solo without Shirt	\$22 Postmarked by 6/6/09	\$29 Late Reg.	
Team with Shirts * Both team members must choose same option.	\$48 Postmarked by 6/6/09	\$55 Late Reg.	
Team without Shirts * Both team members must choose same option.	\$28 Postmarked by 6/6/09	\$35 Late Reg.	
15 minute post-race massage	\$10.00		
DO NOT MAIL APPLICATIONS AFTER 6/09/09 Please fax to 208-773-7658 & we will call for payment.		TOTAL	

Checks payable to City of Post Falls. Send this form and your payment to
City of Post Falls, Recreation Department
408 Spokane Street, Post Falls, ID 83854.

If you are interested in supporting the Centennial Trail Foundation please visit www.northidahocentennialtrail.com.

WAIVER

I acknowledge that the competitive and/or pleasure activity of the Post Falls Duathlon may contain risk of injury and damage to me personally. In consideration of the acceptance of my application, I, for my heirs, executors, representative, administrators and assignees, do hereby waive, release and agree to hold harmless the City of Post Falls, its employees and agents, and all sponsors, volunteers, and associates from any and all claims for damages and/or liability arising from my travel to, participation in, and return from this event. I acknowledge that a Duathlon is a difficult test of my physical fitness, that I am physically fit and have sufficiently trained to participate in this event. I also give my permission for the free use of my name and picture in any broadcast, telecast or print media accounting of this event.

Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____ Date _____

Second Relay Team Member Signature _____ Date _____

Post Falls Duathlon
 408 Spokane Street
 Post Falls, ID 83854
 City of Post Falls Recreation Department

22ND ANNUAL POST FALLS DUATHLON



8:00AM SUNDAY
JUNE 14, 2009
FALLS PARK, POST FALLS



5 KM
RUN

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5 KM
RUN



REGISTRATION

Fill out, sign the attached entry form and waiver, and mail along with your check payable to the City of Post Falls—\$32 for individuals, \$48 for teams, \$22 no shirt option for individual or \$28 no shirt option for a teams to:

**City of Post Falls C/O Recreation Department
408 Spokane Street, Post Falls, Idaho 83854**

All entries will be taken on a “first-come, first-serve,” non-refundable basis, and early registrations must be postmarked by 6/6/09. Late entries postmarked after 6/6, send \$39 for individuals, \$55 for teams. * **DO NOT MAIL** APPS AFTER 6/09/09.

* Maximum participant registration is 350.

PRE-RACE MEETING

There will be a pre-race meeting at Falls Park at 7:45am on Race Day. **Race starts at 8:00am sharp!**

PACKET PICK-UP

Race packets may be picked up on Friday, June 12, 4:00-6:00pm, or Saturday, June 13, 1:00-3:00pm at the P.F. Parks & Rec. Office (408 Spokane St.), or **6:45am-7:15am** on Race Day at the Falls Park.

AWARDS CEREMONY

The first place overall male and female finishers will receive a gift certificate donated by Runners Soul, and medals will be presented to the overall male and female finishers in each category. **Participant shirts will be given at packet pick-up.** Food and beverage will be provided to all participants. The award ceremonies will follow the race at the Falls Park picnic area.

FOR MORE INFORMATION

Post Falls Recreation Dept. (208) 773-0539

or you can e-mail questions to

Traci Stevenson at tstevens@postfallsidaho.org

or Van Bennett, Race Director at trivan7@verizon.net

Please visit the Duathlon links at www.postfallsidaho.org/parkrec.htm for online application, race course map, and race results (when available).

DIVISIONS

HEAVY BUT HEALTHY

Male entrants must weigh at least 200 pounds. Female entrants must weigh at least 150 pounds. Team entrants must both meet minimum weight requirements.

TEAMS

Team categories will be male, female, mixed and HBH. Teams will consist of two individuals; any combination of runner and/or biker.

BIKE INSPECTION

In light of the competitive nature of this event and the fact that the course contains many tight corners and long downhill sections, we **STRONGLY** recommend you have your bicycle inspected in preparation for this event. We encourage you to support one of our race sponsors, Two Wheel Transit in Spokane at 1405 W. 1st Ave. (509) 747-2231.

MASSAGE

Fifteen minute post-race massages will be provided by a licensed massage therapist for a cost of \$10.00. You can pre-register for your massage using the back of this form.

LODGING

Sleep Inn offers special room rates to all participants for a single or double occupancy. Reservations include a 24 hour pool, hot tub & fitness center. The continental breakfast offers freshly made Belgium waffles, cereal, pasties, fresh fruit & beverages. For reservations, 800-851-3178 and mention Post Falls Duathlon.

POST FALLS YOUTH DUATHLON

The 5th Annual Post Falls Youth Duathlon will be held Sat., June 13th for kids between 5—14 years old. The fee is \$13 and will include a t-shirt, finisher ribbon and refreshments. For more info. or an application please call 208-773-0539 or look online at www.postfallsidaho.org/parkrec.htm

LOCATION

The race start, finish and transition area will be the Falls Park located at 305 W. 4th Street, just west of Spokane Street in Post Falls.

RUN COURSE

This is a 5 km (3.1 mile) out and back course, that begins at Falls Park on 4th Street in Post Falls. The run initially winds over a bridge to the AVISTA Island and back; then it picks up the Centennial Trail along the Spokane River. The same course will be used for both run portions of the event. Aid stations will be at the transition area and the 1.5 mile marker.

BIKE COURSE

The bicycle portion of this event will be a 30 km (18.6 mile) out and back course beginning at Falls Park. It proceeds across the Spokane River and westward along West Riverview Drive, to the Idaho-Washington border. The course continues north on Idaho Road, then west on Appleway to the turn around area. You will return to the transition area over the same course.

Road surfaces are all paved. The first six miles are comprised of significant hills and many tight corners. The middle six miles are flat with only a few turns. The final six miles have a long, fast downhill with a sweeping left turn near the bottom (Caution advised!)

There is very little traffic on this road at the time of the race; however, the course is **NOT** closed. You must ride to the right of the center line at all times. This is an out and back course, so you will be meeting other cyclists and an occasional car on the course.

Drafting is **NOT** allowed. You must maintain a distance of two bicycle lengths between yourself and the competitor ahead of you. The only exception is in passing. A two to five minute penalty may be imposed if this rule is not followed. All cyclists will be required to wear a CPSC approved helmet. Chin straps must be fastened prior to mounting, and remain fastened until dismount. **There will be disqualification for violation of this rule.**

* Any form of audio devices (i.e. I-Pod) are highly discouraged from being used during the running or biking portion of the race.

