



USA WORLD CUP TRIALS

Men & Women 20 Kilometer Race Walks



Sunday, March 30th, 2008
Eugene, Oregon

Race Entry Form
(For use by Foreign (Guest) Athletes and On-Site Entry only)

Name: _____ Gender: M / F (Circle one)
Address: _____ Age: _____ Birth Date: _____
City: _____ State: _____ Zip: _____
2008 USATF Membership #: _____ (USA athletes only) Shirt Size: S / M / L / XL
Phone: _____ Email: _____
Club/School Name: _____ USATF Association: _____
Foreign Athletes – Country: _____
Race Entry Fee: _____ + Donation: \$ _____ = Total: \$ _____

Pre-Entry (Prior to March 25th) - \$20.00

On-Site Entry, Saturday, March 29th – 4pm to 8pm only - \$30.00

Mail Entries to:

World Cup Trials
c/o: Jim Bean
6930 Wildwind Dr SE
Turner, Oregon, 97392 (USA)

Drug Testing: Athletes who participate in this competition may be subject to drug testing in accordance with IAAF Procedural Guidelines for Doping Control or the Olympic Movement Anti-Doping Code. Drug testing, and the adjudication of positive findings, will be carried out by the United States Anti-Doping Agency (USADA). Athletes found to have committed a doping violation will be disciplined according to the USADA Protocol and suspended, if appropriate, according to applicable IAAF rules. Such penalties may result in a period of ineligibility as well as disqualification from the event. Any substance taken by an athlete is at his/her own risk and may result in a positive sample. (This includes cold medicines, nutritional supplements, and some over the counter medicines). Information on drugs and medications and about drug testing may be obtained by calling the USADA Drug Reference Hotline at 1-800-233-0393, or the USADA web site www.usantidoping.org.

Disclaimer: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for my heirs, executors and administrators, waive and release any and all rights and claims for damages I might have against USATF, USATF-Oregon, Eugene 08 Committee, University of Oregon, and all sponsors, media representatives, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a race walker and that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, or any record of this event for any legitimate purpose.

Signature: _____ Date: _____

(Parent or Guardian must sign if under 18 years of age)