

CALIFORNIA TRACK & RUNNING NEWS

**August
1981**

ISSUE 58 \$1.00



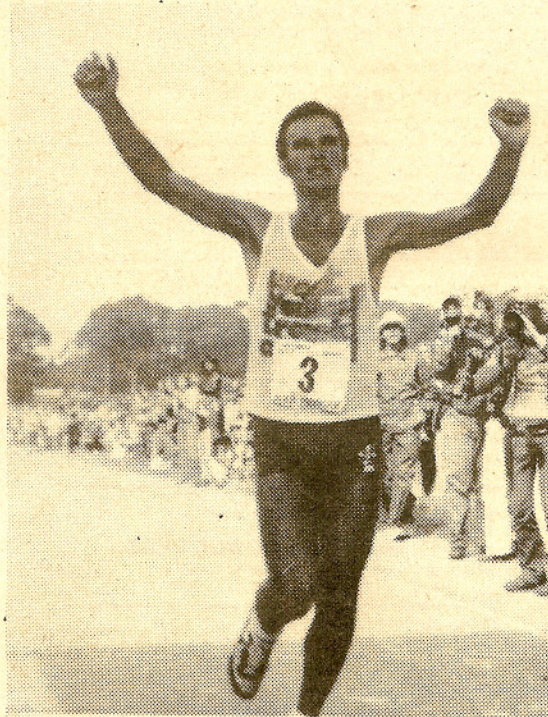
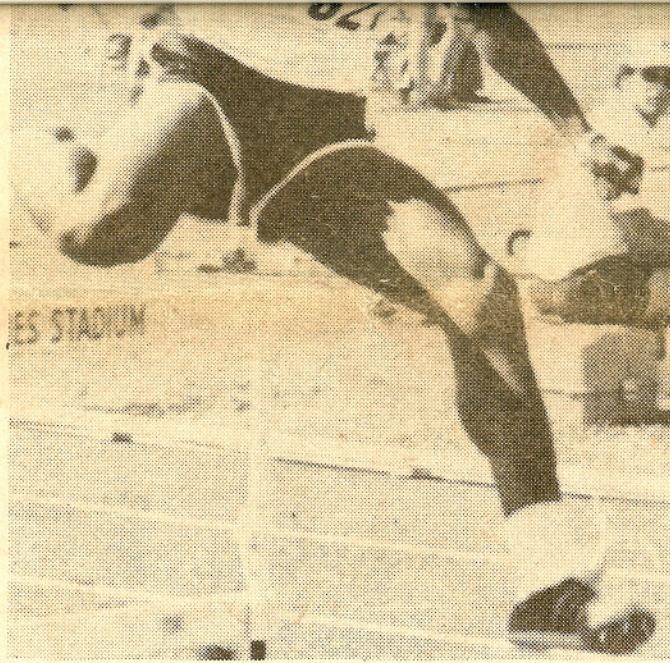
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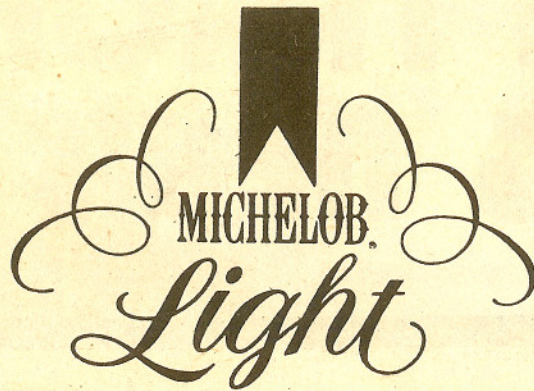
California Track & Running News
P.O. Box 6108
Fresno, CA 93703

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OXON HILL MD20022

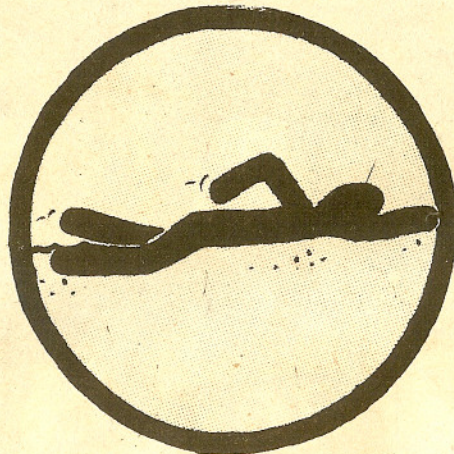


- ★ TAC/USA Track & Field Championships
- ★ Steve Scott Breaks Jim Ryun's American Mile Record.
- ★ San Francisco Marathon Story & Results
- ★ August & September State LDR Schedule
- ★ Results, Results, Results.....

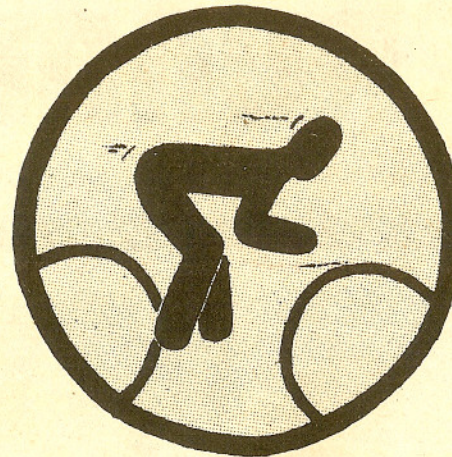
THE MICHELOB LIGHT TRIATHLON CHALLENGE



CSUN



1500 Meter Swim



30,000 Meter Ride

**OVERALL INDIVIDUAL
MEN'S & WOMEN'S WINNER
WILL RECEIVE AIRFARE TO
THE INTERNATIONAL
TRIATHLON IN HAWAII IN
1982**



10,000 Meter Run

SEPTEMBER 12, 1981 CASTAIC LAKE

COMPETITIVE DIVISIONS	AWARDS	
	Individual	Relay
A-Junior Men 19 & under	3	1
B-Open Men 20-29	5	3
C-Open Men II 30-34	5	3
D-Sub Master Men 35-39	3	2
E-Master Men 40-49	3	1
F-Senior Men 50 & over	3	1
G-Junior Women 19 & under	3	1
H-Open Women 20-29	5	3
I-Open Women II 30-34	5	3
J-Sub Master Women 35-39	3	2

7:00 AM

AWARDS: OVER EIGHTY MERCHANDISE AWARDS

IRONMAN: any person who completes all the phases individually.

RELAY TEAM: Consists of three members, a swimmer, a biker, and a runner. Members should be of same age division. Any

REGISTRATION:

ALL MAILED ENTRIES MUST BE POSTMARKED BY SEPTEMBER 3, 1981. REGISTRATION IS AVAILABLE AT TABORI SPORTS (13722 BURBANK BLVD., VAN NUYS CA.

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L-Senior Women 50 & Over	3	1
M-Corporate Cup Award-any relay combination representing a corporation.		
N-Civil Cup-any team representing the Police, Fire Depts, or any civil org.		
O-Univ/College Cup Award-any team representing an educational institution.		

IRONMAN: any person who completes all the phases individually.

RELAY TEAM: Consists of three members, a swimmer, a biker, and a runner. Members should be of same age division. Any combination of ages will be considered Open (B for men/H for women).

REGISTRATION:

ALL MAILED ENTRIES MUST BE POSTMARKED BY SEPTEMBER 3, 1981. REGISTRATION IS AVAILABLE AT TABORI SPORTS (13722 BURBANK BLVD., VAN NUYS CA: 213-908-0485) and RUNNER'S UP (22932 1/2 LYONS AVE., NEWHALL, CA: 805-254-1833).

NO LATE REGISTRATION

CUT HERE
↓

DISCLAIMER:

IN CONSIDERATION of this acceptance of liability and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on behalf of myself, my heirs, assigns, representatives and successors in interest, do hereby waive, release and discharge ATHLETICS UNLIMITED, STATE OF CALIFORNIA, DEPARTMENT OF WATER RESOURCES, L.A. COUNTY PARKS AND RECREATION, L.A. COUNTY SHERIFF, CALIFORNIA HIGHWAY PATROL, HENRY MAYO HOSPITAL AND SAN FERNANDO VALLEY TRACK CLUB hereinafter referred to as "Organizations": and their respective associates, owners, successors, heirs, assigns, agents, directors, officers, partners, employees, representatives, and all other persons acting by, through or in concert with "Organizations" from any cause of action, suits, debts, promises, obligations, claims, losses, expenses of any nature whatsoever, including attorneys fees, known or unknown, fixed or contingent (all of which are hereinafter referred to as "Claims") which I now have or may hereafter have against "Organizations" or any of the above mentioned successors and assigns, by reason of any cause, whatsoever, or any claims arising out of, based upon, relating to the competition in the MICHELOB LIGHT TRIATHLON CHALLENGE scheduled to take place on September 12, 1981 at Castaic, California.

I represent and warrant that I am physically fit and sufficiently trained for the competition in the TRIATHLON CHALLENGE. I hereby assume full responsibility for any injuries, damages or losses that may be incurred as a result of the aforementioned TRIATHLON CHALLENGE. All questions concerning the validity of any of the terms of this waiver or its provisions, shall be governed by and resolved in accordance with the laws of the State of California.

INDIVIDUAL ENTRY NAME _____

ADDRESS _____

COMPETITIVE DIVISION (A-O) _____ T-SHIRT SIZE S M L XL _____

TEAM RELAY NAMES _____

COMPETITIVE DIVISION (A-O) _____ TEAM CAPTAIN ADDRESS _____

T-SHIRT SIZES S M L XL S M L XL S M L XL _____

AGE ON 9/12/81 _____

BIRTHDATE _____

SEX _____

MAKE CHECKS PAYABLE TO:
ATHLETICS UNLIMITED
9514-9 Reseda Blvd. No. 615
Northridge CA 91324

AMOUNT TO ENCLOSE
INDIVIDUAL \$10.00
RELAY TEAM \$25.00

Signature _____

Date _____

The following must be signed if participant is under 18 years of age:
I am the parent or guardian of the above mentioned participant and in said capacity I agree to each and every condition set forth above and in addition I do hereby give permission for said participant to take part in the TRIATHLON CHALLENGE. In the vent of accident, injury or illness of the above named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff or employed by Henry Mayo Hospital.

Parent or Guardian's
Signature (if under 18) _____

PLEASE SEND A SELF-ADDRESSED STAMPED ENVELOPE ALONG WITH ENTRY FORM.