



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Try-A-Tri Triathlon

*Hosted by Team Toledo Triathlon Club*

May 8, 2011 at the Francis Family YMCA  
8:00 am, staggered start in the pool  
250 yard swim (10 lengths)  
8 mile bike  
3K run (1.9 miles)

Price: \$40.00 before April 8, 2011  
\$45.00 after April 8, 2011  
\*Pre-Registrations Only\*

**Packet Pick up and Beginners Clinic  
Saturday, May 7, 2011, 12-1 p.m.**



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## **Try-A-Tri Triathlon Registration**

Please register in person or mail forms and payment to:  
Francis Family YMCA, 2000 W. Dean Rd. Temperance, MI 48182, 734-850-9622

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt size: S M L XL XXL Is this your first Try-A-Tri? \_\_\_\_\_

Estimated time for 250 yard swim (10 lengths) \_\_\_\_\_

I have read and signed the consent form on the back of flyer \_\_\_\_\_

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 athlete, lack of hydration, equipment, vehicular traffic, and actions of other people, including but not limited to, participants, volunteers, spectators, and event officials. I hereby assume all risks of participation in this event. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event director, partners and event sponsors, and that it will govern my actions and responsibilities at said event(s).

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, 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 qualified medical personnel.

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 accrue to me including my travelling to and from this event. The following entities or persons: Team Toledo Triathlon Club, YMCA of Greater Toledo, Francis Family YMCA, their Staff, Volunteers, Partners, Sponsors, and all municipal agencies whose property and/or personnel are used, and other sponsoring and co-sponsoring company(s), agency(s), or individual(s). (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result or 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, sponsors, and/or assigns. I ALSO UNDERSTAND THAT THE ENTRY FEE IS NON-REFUNDABLE OR TRANSFERABLE. If my check or credit card payment for this event does not go through and Francis Family YMCA or other organization is charged a fee from the bank, than I am responsible for the event fee I attempted to pay and a \$35 charge. I have read and understand the rules for this event and I hereby acknowledge and abide by these rules.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. As a participating athlete, I certify that all the information provided on my race entry form is true and complete. I have read the pre-race information and this AWRL, and certify my compliance by my signature below.

Complete Name of Participant

Signature of Participant

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent if Participant under 18 years old

Date

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