



2016 Youth TryAthlon Registration Form

Saturday, August 13, 2016

Check-In 6:30-7:30am; or 9:30-10am

PRE-REGISTRATION ONLY

Ages 5-17

Deadline to register is August 5, 2016 or when maximum # (100) of participants has been reached.

Register before July 1 - \$25/child (fee includes t-shirt)

Register between July 1 – July 29 - \$30/participant (fee includes t-shirt)

Register between July 30- August 5 - \$30/participant (no guarantee of t-shirt)

Helmets are required for cycling

Cycling & running will be completed on an open course

Please fill out the form and return it to:

305 South Dogwood Drive Harrisonburg VA. 22801.

Visit <http://www.harrisonburgva.gov/youth-tryathlon> for race information packet.

Child's Name _____
Last First Middle Initial Youth Shirt Size

Date of Birth _____ Age (as of 12/31/16) _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name (Please print) _____

Contact Phone _____ Email _____

Emergency Contact _____ Phone _____

What do you think your child's anticipated swim time will be? _____

Children between 5-7 years old will swim 25M; 8-10 years old will swim 50M; 11-13 year olds will swim 100M; 14-17 year olds will swim 150M

(If you do not specify a swim time, your child will be placed in the final wave)

Waiver & Liability Release Form on back



2016 Youth TryAthlon Waiver and Liability Release Form

Participant's release of liability please read before signing.

I hereby, grant permission for the above named child to participate in the City of Harrisonburg, Department of Parks and Recreation's, Youth TryAthlon; and I/we agree as follows:

PARENT INFORMED CONSENT AND RELEASE: I understand that this triathlon is a potentially hazardous activity and understand that there are risks and dangers inherent to triathlons. With full knowledge, comprehension, and understanding of these dangers, I voluntarily accept and assume all risks involved in this event for the above named child, and agree that I/the above named child will wear all appropriate safety equipment and that I/the above named child will use only equipment that is appropriate for my size and skill level. While particular equipment, and higher levels of skill may reduce the risk of accident/injury; the risk still does exist.

I certify that I/the above named child, to the best of my knowledge, is in proper physical condition for this activity, have no physical, mental, or emotional condition which might be aggravated by this activity, which might in any way inconvenience or endanger staff or other participants, or which might impair my ability/the above child's ability to participate in this youth triathlon.

In case of emergency, I authorize the Harrisonburg Parks and Recreation Department personnel to administer first aid treatment, to secure the services of a physician, to transport me/the above named child to an emergency facility for treatment, all at my expense, and to try to notify me or my contact person.

I will obey all rules of conduct, regulation and directives the Harrisonburg Parks and Recreation Department , its employees, and all program volunteers or staff , as well as other persons connected with the Harrisonburg Parks and Recreation Department and this facility, from all claims relating to personal injury or property damage that I/the above named child may sustain by reason of my/our use of this facility and its equipment or my/our violation of any rules and regulations of this facility.

No medical insurance or insurance coverage of any kind is provided by the City of Harrisonburg. The City of Harrisonburg strongly recommends that each participant have some type of accident medical insurance for his/her protection. I agree to pay any and all attorney's fees and costs incurred by the Harrisonburg Parks and Recreation Department arising from any claim made or action brought against the City of Harrisonburg, it's independent contractors and their representatives, employees or volunteers, if any action or any claim is initiated arising out of any matter covered by this release. This agreement shall be effective and binding upon heirs, agents, personal representatives and assigns.

I/we the parent(s) of, or the legal guardian(s) for _____ have read, understand, and agree to the above statements and hereby consent to him/her participating in the designated program. I have signed this document signifying my agreement and consent. I also grant permission for photography that includes my child to be used in media releases that benefit Harrisonburg Parks and Recreation.

Parent/Guardian's Signature

Printed Name

Date