

SuperKidz Triathlon Registration Form

pre registration by Aug.8 \$20 members; \$30 non-members

After Aug. 8 & Day of event: \$30 members; \$40 non-members

August 21 Check-in, Packet Pickup & Set-up:7:30-8:15am YMCA

Triathlon Participants provide their own bicycle and helmet.

Make checks payable to: Childers Family YMCA of Waycross

Mail to: Childers Family YMCA
1634 Plant Avenue
Waycross, Georgia 31501

Circle T-Shirt Size
YS YM YL AS AM AL

Name: _____ Age: _____

Event: _____

Address: _____

E-Mail: _____

City: _____ State: _____ ZIP _____

Phone: _____

Superkidz Triathlon RELEASE WAIVER: I understand that entry fees are non-refundable. In consideration of accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for loses and damages I may have against the YMCA Waycross, City of Waycross & Ware Co., the sponsors of the race and/or officials of said event, volunteers, police, lifeguard, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for this event, and that a licensed medical doctor has verified my physical condition. I know that participating in this event is a potentially hazardous activity. I assume all risks associated with participation in this event including, but not limited to, falls, contact with other participants, and the effects of weather, traffic and conditions of the road. Further, I hereby grant permission to any and all of the foregoing to use any photographs, videotapes, recording or any other record of this event for any purpose whatsoever.

SIGNATURE (Parent if under 18 years of age)

DATE _____

(All of the above must be filled out in order to participate-One application per person.)

PARENTAL SUPPORT WELCOME! VOLUNTEERS NEEDED!