



2020 TRIATHLON / DUATHLON AT THE SHELBY YMCA

Saturday, September 5th, 2020 at 8:00 AM

COMPETE IN OUR 14th ANNUAL SHELBY YMCA TRIATHLON / DUATHLON.

Triathlon: **SWIM** - 500 Meters **BIKE** - 12 Miles **RUN** - 3.4 Miles

Duathlon: **RUN** - 1 Mile **BIKE** - 12 Miles **RUN** - 3.4 Miles

Go for the Prize in our 14th annual Triathlon / Duathlon at the Shelby YMCA. A true test of your endurance as an individual or as a team (max 3 participants). There will be prizes for all of the top performers. Don't stop now, **ACHIEVE** your goal at the Shelby YMCA Triathlon / Duathlon!

Age Groups:	Male:	15-19	20-29	30-39	40-49	50-59	60&Up
	Female:	15-19	20-29	30-39	40-49	50-59	60&Up

Triathlon: \$50 (Individual) \$75 (Team) **Duathlon:** \$50 (Individual) \$75 (Team)

Registration after August 22nd

Triathlon: \$55 (Individual) \$85 (Team) **Duathlon:** \$55 (Individual) \$85 (Team)

Register Online at Ohioraceday.com OR at the Shelby YMCA

Contact smyers@shelbyymca.org or 419-347-1312 Ext. 222 for any questions



2020 Triathlon Registration

Participant #1: Please check mark and fill out entirely.

Triathlon Duathlon

Check mark only if participating as a team

Swim / Run Bike Run

First Name: _____ Last Name: _____

Race Day Age: _____ Phone Number: _____ Email: _____

Address: _____

Gender: _____ Shirt Size (circle): Adult: S M L XL XXL XXXL Youth: S M L XL

I know that running or walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release the Shelby YMCA and all persons, sponsors and entities from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Parents or Legal guardian must sign release if participants are under the age of 18 years old on the date of the race. Entry fees are non-refundable. Photography Permission: I give my permission for the SHELBY YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting SHELBY YMCA programs.

Signature of Participant or legal guardian if under 18: _____ Date: _____

Participant #2: Please check mark and fill out entirely.

Triathlon Duathlon

Check mark only if participating as a team

Swim / Run Bike Run

First Name: _____ Last Name: _____

Race Day Age: _____ Phone Number: _____ Email: _____

Address: _____

Gender: _____ Shirt Size (circle): Adult: S M L XL XXL XXXL Youth: S M L XL

I know that running or walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release the Shelby YMCA and all persons, sponsors and entities from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Parents or Legal guardian must sign release if participants are under the age of 18 years old on the date of the race. Entry fees are non-refundable. Photography Permission: I give my permission for the SHELBY YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting SHELBY YMCA programs.

Signature of Participant or legal guardian if under 18: _____ Date: _____

Participant #3: Please check mark and fill out entirely.

Triathlon Duathlon

Check mark only if participating as a team

Swim / Run Bike Run

First Name: _____ Last Name: _____

Race Day Age: _____ Phone Number: _____ Email: _____

Address: _____

Gender: _____ Shirt Size (circle): Adult: S M L XL XXL XXXL Youth: S M L XL

I know that running or walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release the Shelby YMCA and all persons, sponsors and entities from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Parents or Legal guardian must sign release if participants are under the age of 18 years old on the date of the race. Entry fees are non-refundable. Photography Permission: I give my permission for the SHELBY YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting SHELBY YMCA programs.

Signature of Participant or legal guardian if under 18: _____ Date: _____

For Office Use Only:

Date Received: _____ Payment: Check # _____ Cash Credit Amount \$ _____

Received by: _____ Receipt # _____ Circle One: Member Non-Member