



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF NORTH CENTRAL OHIO -SHELBY BRANCH

2025 TRIATHLON & DUATHLON



Saturday, August 16 at 9:00 am

Registration: May 12–August 4

Triathlon: SWIM – 500 Meters BIKE – 12 Miles RUN – 3.4 Miles

Duathlon: RUN – 1 Mile BIKE – 12 Miles RUN – 3.4 Miles

Male & Female Age Groups: 15-19 20-29 30-39 40-49 50-59 60-69 70 & Up

Triathlon:

\$50 (Individual) or \$75 (Team)

Duathlon:

\$50 (Individual) or \$75 (Team)

Register at: ohioraceday.com or at the Shelby Branch

For more information, please contact Michele Irey at shelbyprograms@ymcanco.org or 419-347-1312 ext. 501

YMCA OF NORTH CENTRAL OHIO
SHELBY BRANCH
111 W. SMILEY AVE SHELBY 419-347-1312
www.ymcanco.org

2025 Triathlon Registration

Participant #1: Please checkmark 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 YMCA of NCO Shelby Branch 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 YMCA OF NCO SHELBY BRANCH 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 YMCA OF NCO SHELBY BRANCH 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 YMCA of NCO Shelby Branch 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 YMCA OF NCO SHELBY BRANCH 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 YMCA OF NCO SHELBY BRANCH 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 YMCA of NCO Shelby Branch 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 YMCA OF NCO SHELBY BRANCH 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 YMCA OF NCO SHELBY BRANCH programs.

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