

**LIVE UNITED**™ 



# 2009 TEAM MINI-TRIATHLON

*Sponsored by*



**WHEN:** Oct. 4, 2009 / **WHERE:** Parkview Huntington Hospital,  
2001 Stults Road, Huntington, Ind.

Registration starts at noon, with opening ceremonies at 1 p.m.

**T**his event is a three-member-team triathlon, meaning that one member from each team will participate in one of the three events. The biking and running events will start from Parkview Huntington Hospital, and the swim event will take place at the Parkview Hgtn. Family YMCA starting at 1:00 p.m. One registration form per team. Each team member must sign the Waiver and Release From Liability section on the reverse side of this form and turn in with monies for the event. Bicycle riding helmets are required. Medallions will be presented to members of the top three teams. Check-in for **ALL** events is in the tent at Parkview Huntington Hospital. For additional registration forms to print out, visit [www.parkview.com](http://www.parkview.com), point to "Hospitals," click on "Parkview Huntington Hospital," click on "General Info" then click on "2009 Team Mini-Triathlon."

**Distances:** Bike Ride - 15 miles  
Run - 3.1 miles  
Swim - 600 yards

Name: \_\_\_\_\_ M\_\_ F\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Long-sleeve t-shirt size (designate how many needed in boxes):**

ADULT SIZES ONLY: Small  Medium  Large  X-large

(PLEASE SEE REVERSE SIDE)

**Fee:** Pre-register by Sept. 21, 2009 - \$75 per team

After Sept. 21, 2009 up to race day - \$100 per team

NOTE: PLEASE PRE-REGISTER by SEPTEMBER 21, 2009 to guarantee your long-sleeved T-Shirt  
**REFRESHMENTS WILL BE PROVIDED.**

Mail complete entry form and fee to (make check payable to **United Way**):

United Way of Huntington County  
LIVE UNITED Triathlon  
356 West Park Drive  
P.O. Box 347  
Huntington, IN 46750

Team captain (Please Print): \_\_\_\_\_ Event participating in: \_\_\_\_\_

Team members (Please Print): \_\_\_\_\_ Event participating in: \_\_\_\_\_

\_\_\_\_\_ Event participating in: \_\_\_\_\_

## Waiver and Release from Liability

As a participant in the United Way LIVE UNITED Triathlon, I verify that I have read, understand, and accept the terms of this waiver and release. I understand the nature of this event and the risks involved in participating in this event. I know that running, biking and swimming a triathlon are potentially hazardous activities. I understand that I should not participate unless I am medically able and sufficiently trained to do so. I agree to abide by any decision of any race official concerning my ability to safely complete this event. I understand that while police protection will be provided, there may still be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, traffic and other conditions of the road, falls, contact with other participants and the effects of the weather, including extreme temperatures and precipitation. Knowing these facts, for, and in consideration of, my participation in this race, I, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and fully release and discharge "United Way of Huntington County, Inc.," its affiliates, race sponsors, race participants, race officials, workers, volunteers and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage or expense, including, but not limited to death, personal injury and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event. The above has been read by all participants and by signing or electronically submitting this entry form I understand and agree with all terms of this waiver and release. Helmets are required for all cyclists.

\_\_\_\_\_ By checking this, I acknowledge that I have read, understood and accept the agreement above.

**Runner's Signature:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bicyclist's Signature:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Swimmer's Signature:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this agreement in connection with the minor's participation in the event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, and hold harmless each of the Released Parties from any such Liabilities, which any may be incurred as the result of such claim.

## Parent/Guardian Signature (required if participant is under the age of 18):

**Parent/Guardian Signature For Underage Runner:** \_\_\_\_\_

**Parent/Guardian Signature For Underage Bicyclist:** \_\_\_\_\_

**Parent/Guardian Signature For Underage Swimmer:** \_\_\_\_\_