

## Belvidere YMCA Triathlon

### Event Description:

This sprint triathlon will consist of a 300yard swim held at the Belvidere YMCA indoor Pool, a 15 mile bike course on rolling country roads, and a 5k run on a community walking path along the Beautiful Kishwaukee River.

### Registration Fee:

\$40 per person. \$65 per team (2-3 people). Entry forms can be mailed, emailed or faxed to the Belvidere Family YMCA.

### Registration Deadline:

Deadline is Friday August 2, 2013.

### Entry Fee Includes:

Event Dry-Fit type T-Shirt, awards for top finishers, shower facilities, water on course, post-race refreshments, post-race family friendly entertainment by "Daylight in the Swamp" Band.

### Awards:

Overall Male and Female  
Top Three Male and Female finishers in each age category  
19 – under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

### Results:

Triathlon will be chip timed by Tri-3 Events and will be available upon completion of the event.  
*Participants may be responsible for any lost or damaged chips.*

### Packet Pickup / Late Registration:

Friday, August 2, 2013 3pm-8pm at the Belvidere Family YMCA.

### Race Day Check-in:

Check in will begin at 6:00am. All participants must be checked in prior to 7:15am.

**Mandatory Pre Race Meeting to be held at 7:15am**

## Rules and Regulations

1. All Participants are required to cooperate with all race marshals at all times.
2. The Triathlon will begin promptly at 8:00am.
3. This race has a time trial start. Swimmers will start one at a time approximately 20 secs apart.
4. Participants will be seeded by estimated swim times with the fastest swimmers first.
5. Participants will line up and start in race number order – no exceptions will be made.
6. No Swimming aids: fins, floatation aids, gloves, or snorkels will be allowed.
7. Helmets are mandatory and all participants must have their helmet on and strapped before mounting their bikes.
8. No headphones or iPod type devices allowed.
9. Water will be provided on the running course, in the transition areas, and finish line.
10. All roads will be open for traffic throughout the race. Please ride on the right and pass on the left when it is safe to pass.
11. Participants can be removed from the course at any time by race marshals.

Additional Race Day Instructions will be provided at the **Mandatory Pre-Race Meeting to be held at 7:15am** at the Belvidere Family YMCA building.

### Race Contact – INFORMATION:

Mr. Mike Leonard, Sports Program Director  
Belvidere Family YMCA  
815-547-5307 Phone  
**815-547-7012 Fax or email**  
[Ymcamike44@yahoo.com](mailto:Ymcamike44@yahoo.com)



## Entry Form

### No Race Day Registration Accepted

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: (circle one) M      F

Age on day of race: \_\_\_\_\_

Birthday: \_\_\_ / \_\_\_ / \_\_\_\_\_

**300 Meter Swim Time:** \_\_\_\_\_

\* please be as accurate at possible

Shirt Size:      S      M      L      XL

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### **Cost:**

Individual: \$40.00

Team: \$65.00 (2-3 people) Must list all team members and phone numbers.

Team Name: \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please make checks payable to Belvidere Family YMCA, 220 West Locust Street, Belvidere, IL 61008

**Fax Registrations to – 815-547-7012**

\_\_ Visa \_\_ Mastercard \_\_ Check \_\_ Cash

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

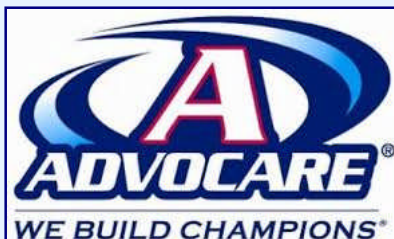
## Waiver and Release

I ACKNOWLEDGE THAT A TRIATHLON EVENT IS AN EXTREME TEST OF PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I CERTIFY THAT I AM PHYSICALLY FIT, HAVE SUFFICIENTLY TRAINED FOR THIS EVENT AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A HEALTH PROFESSIONAL. I HEREBY TAKE THE FOLLOWING ACTION FOR MYSELF, MY EXECUTORS, ADMISISTRATORS, HEIRS NEXT OF KIN AND SUCCESSORS AND ASSIGNS, OR ANYONE ELSE WHO MIGHT CLAIM OR SUE ON MY BEHALF AND I EXPRESSLY ACKNOWLEDGETHAT IT IS MY INTENT TO TAKE THESE ACTIONS: **A)** I AGREE TO ABIDE BY THE COMPETITIVE RULES AS ADOPTED BY THE BELVIDERE FAMILY YMCA AND I ACKNOWLEDGE MY PARTICIPATION MAY BE REVOKED OR SUSPENDED FOR VIOLATION OF THE COMPETITIVE RULES; **B)** I AGREE THAT PRIOR TO PARTICIPATING IN AN EVENT I WILL INSPECT THE RACE COURSE, FACILITIES, AND AREAS TO BE USED AND IF I BELIEVE ANY ARE UNSAFE I WILL IMMEDIATELY ADVISE THE PERSON SUPERVISING THE EVENT; **C)** I WAIVE RELEASE AND FOREVER DISCHARGE THE BELVIDERE FAMILY YMCA, IT'S SPONSORS, VOLUTEERS AND ANY OTHER PERSONS OR ORGANIZATIONS ASSOCIATED WITH THE TRIATHLON FROM ANY AND ALL CLAIMS, LOSSES (ECONOMIC AND NON-ECONOMIC) OR LIABILITIES, FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND WHICH MAY IN THE FUTURE ARISE OUT OF, RESULT FROM, OR RELATE TO MY PARTICIPATION IN OR MY TRAVELING TO OR FROM THE BELVIDERE FAMILY YMCA TRIATHLON; **D)** I ASSUME ANY AND ALL OTHER RISKS ASSOCIATED WITH PARTICIPATING IN THE BELVIDERE FAMILY YMCA TRIATHLON INCLUDING BUT NOT LIMITED TO FALLS, CONTACT AND/OR CONTACT WITH OTHER PARTICIPANTS, EFFECTS OF WEATHER INCLUDING HEAT, COLD AND/OR HUMIDITY, DEFECTIVE EQUIPMENT, THE CONDITIONS OF THE ROADS, WATER HAZARDS, CONTACT WITH OTHER SWIMMERS, AND ANY OTHER HAZARD THAT MAY BE POSED BY SPECTATORS OR VOLUNTEERS, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME AND I FURTHER ACKNOWLEDGE THAT THESE RISKS INCLUDE RISKS THAT MAY BE THE RESULT OF THE NEGLIGENCE OF PERSONS OR ENTITIES MENTIONED ABOVE. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE ALL CLAIMS AND ASSUMPTION OF RISK.

Signature (or Parent/Guardian)

Date

### Sponsors



## Belvidere Family



### TRIATHLON



August 3, 2013  
8:00am

300 Meter Swim  
15 Mile Bike  
5K Run

220 West Locust Street  
Belvidere, IL 61008, 815-547-5307