

Join the Tiftarea YMCA in its first ever **JUST TRI IT** indoor/outdoor triathlon. For the entire month of October track your progress to complete 2 miles, 112 mile cycle and 26.2 mile marathon. Meet these standard goals and join us for a **VICTORY BREAKFAST** and receive a T-SHIRT on **NOVEMBER 2nd** at the **TIFTAREA YMCA**. **REGISTER NOW AND JOIN THE FUN!**



HOW IT WORKS

1. REGISTER IN HOUSE AT THE TIFTAREA YMCA BEFORE SEPTEMBER 25th.
2. YOU WILL HAVE 31 DAYS TO COMPLETE THE 2MILE SWIM, 112 MILE CYCLE, AND 26.2 MILE RUN.
3. ASK ANY STAFF MEMBER FOR YOUR TRI CARD.
4. WRITE THE NUMBER OF MILES YOU COMPLETED THAT DAY FOR THAT EVENT.
5. RETURN THAT CARD TO ANY STAFF MEMBER WHO WILL TALLY YOUR TOTALS THUS FAR.
6. ONCE YOU'VE COMPLETED THE EVENTS A STAFF MEMBER WILL GIVE YOU YOUR VICTORY BREAKFAST TICKET.

FUN STARTS OCTOBER 1ST

COST

\$15 Member

\$35 Potential Member (Includes Gym Access For October)
PRICE INCLUDES T-SHIRT AND BREAKFAST UPON COMPLETION



Dr. Wesley Walker



RULES

1. ALL EVENTS MUST BE COMPLETED AT A TIFTAREA YMCA CAMPUS (RUNNING MUST BE DONE ON TREADMILLS, CYCLING ON INDOOR CYCLES, SWIMMING MUST BE COMPLETED AT THE STAFFORD AQUATICS CENTER DURING LAP TIMES)
2. UPON COMPLETION OF A TASK STAFF MEMBERS WILL NEED TO INITIAL ON YOUR DISTANCE. TO ENSURE CONSISTENCY WE ASK YOU TO TAKE A PHOTO OF YOUR PROGRESS ON TREADMILLS AND CYCLES. POOL DISTANCE CAN BE RECORDED FROM INFORMATION FROM A SMART WATCH. *IF YOU DO NOT OWN A SMART WATCH POOL EMPLOYEES WILL DO THEIR BEST TO KEEP UP WITH YOUR LAPS AND WILL PROVIDE YOU WITH A WHITE BOARD AND TWO MARKERS UPON YOUR REQUEST.
3. ASK STAFF TO DRAW YOUR TRI CARD.
4. ANY DISTANCES THAT GO UNINITIALED OR CANNOT BE VERIFIED BY SENIOR STAFF WILL BE MARKED AS INCOMPLETE.
5. YOU WILL BE INVITED TO THE VICTORY BREAKFAST UPON COMPLETION OF JUST TRI.

Name: _____

Address: _____ City: _____ Zip: _____

DOB: _____ Age: _____ Ethnicity: W B H I Other Sex: _____ Emergency Contact: _____

Emergency Contact Phone Number: _____

Shirt Size (Please Circle ONLY if interested): S M L XL XXL XXXL(+\$2)

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I give me permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. The undersigned understands that no accident or medical insurance is provided with this activity. The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

PRINTED NAME AND SIGNATURE

DATE



Dr. Wesley Walker