



**Sunday September 18, 2011**

**9:00 AM Start**

**Rocky Neck State Park, East Lyme, CT**

*USA Triathlon Sanctioned Youth Event*

Ages 6-8: Swim 75 yards, Bike 0.75 miles, Run 0.25 mile  
Ages 9-10: Swim 125 yards, Bike 2.0 miles, Run 0.5 mile  
Ages 11-12: Swim 175 yards, Bike 4.0 miles, Run 1.0 mile  
Ages 13-14: Swim 200 yards, Bike 6.0 miles, Run 1.5 mile

\*Ocean swim \*Bike on paved road -no traffic \*Run off-road \*Flat course with loops based on age groups  
\*Post-race refreshments for race participants

**Awards:** Top 3 male and female finishers in each age group, finishers medal for all racers, T-shirt for all entrants

**Directions:** *From Hartford* – take I-91 south to route 9 south in Cromwell. Follow 9S to I-95 north and take exit 72. Follow to end and take left onto route 156. Park entrance is ¼ mile on right.  
*From I-95* - exit 72, follow to end and take left onto route 156 park entrance is ¼ mile on right  
\*\* Park opens at 8:00 a.m. \$9 Parking Fee/Car Car will be charged at the entrance gate.  
(Please visit the Rocky Neck State Park website for more information [www.dep.state.ct.us](http://www.dep.state.ct.us))

**Instructions:** Mandatory Pre-Race Meeting at 8:45 AM sharp!  
Please arrive between 8:00 – 8:30 for packet pickup and equipment set-up  
Registration and packet pickup on Saturday, Sept. 17, 9:00 to 11:00 AM at East Lyme High School  
Bicycle helmet required and must be ANSI or SNELL approved

**Register online:** [www.active.com](http://www.active.com) Forms & Information available: [www.mightykidstri.org](http://www.mightykidstri.org)  
(There will be no Race Day Registration)

**Race Director Contact:** Christine Picklo at [info@mightykidstri.org](mailto:info@mightykidstri.org)

*All proceeds from the race will be donated to Care and Share of East Lyme and the East Lyme High School  
Aquatics Scholarship Fund*

# Mighty Kids Triathlon 9/18/2011

Race Fees/Late Entry Fee:

- \$25 Individual Athlete – after Sept. 5<sup>th</sup> - \$30
- \$5 for USA Triathlon Youth (7-14) Fee/athlete; **must be a member to race**

Enclosed:	
Athlete Fee	\$ _____
USA Triathlon Fee	\$ _____
<b>Total</b>	<b>\$ _____</b>

**\*\*Make checks payable to: Mighty Kids Triathlon**

**\*\*Send to: 126 Maple Ave Old Saybrook, CT 06475**

**Mail-In registration applications must be postmarked by Monday, September 12, 2011.**

## Entry Form (Print Clearly)

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### Individual:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Age as of 12/31/2011 \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Shirt Size (circle one): Youth sizes S M L Adult size S M

**Current USAT member? Y/N (if yes, USAT # \_\_\_\_\_) \* bring card to registration**

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**[YOU MUST READ, SIGN, AND SUBMIT THE USAT WAIVER ON THE NEXT PAGE](#)**



# YOUTH WAIVER & ANNUAL MEMBERSHIP APPLICATION

BY LAW, MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF YOUTH(S)

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.**

## 2011 WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION OF USA Triathlon ("USAT") allowing me to participate in any USAT sanctioned event (the "Event" or "Events") as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

- I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
- I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
- I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
- I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Organizers and Promoters, Race Directors, Sponsors, Advertisers, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("Liability") which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

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PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

*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, defend 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): \_\_\_\_\_

DATE: \_\_\_\_\_

**By submitting this application, I agree all information is correct and to abide by the USAT Competitive Rules.**



Parent/Guardian First Name		Parent/Guardian Last Name			
Mailing Address		City	State	Zip Code	Country
Email (an email will be sent after application is processed)		Primary Phone ( ) ( )	Secondary Phone ( ) ( )	Do not send from USAT's Affiliates <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	

### YOUTH PARTICIPANTS: (Parent/legal guardians of more than three youth participants, complete an additional application.)

USAT Member #, if known	Name	Birth Date MM/DD/YY	Gender
_____/____/____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____/____/____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____/____/____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F

**KEEP YOUR PURCHASE RECEIPT! It serves as proof of membership until the permanent card(s) arrive(s) in the mail.**

<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____ (Make check payable to USA Triathlon)	<b>All USA Triathlon memberships are non-refundable &amp; non-transferable</b>
<input type="checkbox"/> Credit Card No. (VISA or MasterCard ONLY)		
Cardholder's Signature _____ Exp. ____/____/____ CVV# _____ (last 3 digits on back of card)		<b>TOTAL AMOUNT</b> \$ _____
All charges will be processed when received by USA Triathlon; a \$30.00 fee will be charged for returned checks.		

WHITE: USAT COPY · YELLOW: MEMBER COPY

5825 Delmonico Drive, Ste 200 · Colorado Springs, CO 80919 · Fax: 719-955-2685 · Online: membership.usatriathlon.org