



2018 KID'S TRIATHLON
Saturday, July 7th
8:00am



DIVISIONS

Participants will compete in one of the following divisions:

Age Groups	Swim	Bike	Run
6 & under	25 yds.	.25 miles	100 yds.
7 & 8	50 yds.	.5 miles	.25 miles
9 & 10	100 yds.	1.5 miles	.5 miles
11 & 13	200 yds.	3 miles	1 mile

ENTRY FEE

\$12.00

REGISTRATION

- Send pre-registration to Siloam Springs Park & Rec. / P.O. Box 80 / Siloam Springs, AR 72761 or drop off at our office 401 W. University St. Siloam Springs, AR
- Race day registrations will not be accepted.

COURSE MAP

Course maps are available at www.siloamsprings.com and at the Parks and Recreation office.

T-SHIRTS

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
Street/PO Box City State Zip

DATE OF BIRTH ____/____/____

AGE ON DATE OF RACE (July 7, 2018) _____

GENDER: Male Female

SHIRT SIZE: YOUTH: S M L XL ADULT: S M L XL

RELEASE OF LIABILITY

I agree to assume the full risk of any injuries, damages, or losses that I or any minor for whom I am responsible may sustain as a result of participation in this program or event. I do hereby fully release and discharge the City of Siloam Springs, its officers, agents, and employees from any and all claims from injuries, damages, or loss that I, or my minor child or ward, may suffer on account of said participation. I further agree to indemnify and hold harmless the City of Siloam Springs, its officers, agents, and employees from all claims, suits, actions, injuries, damages, and losses sustained by me or my minor child or ward arising out of or in any way connected with said participation.

I have read and fully understand the above Waiver and Release of all claims.

 Signature Date

Office Use Only	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Debit/Credit	Amount _____	Processed By _____	Date _____	Receipt # _____
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