

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 vds.	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.

RACE DAY CHECK-IN

Participants can begin check-in at 7:00 a.m. They need to have their swimming suits on. Please bring their bikes, helmets, shoes for biking and running, and a t-shirt to put on over their swimming suits before they start the biking and running portions. If children have race belts, they may wear those instead of a t-shirt. **Children without helmets will not be allowed to participate.**

STARTING LINE

The race will begin with swimming, which is taking place at the Siloam Springs Family Aquatic Center. It will then move on to the bike portion, and finally running.

PRIZES AND MEDALS

Prizes will be awarded to 1st, 2nd and 3rd place for male and female winners in each age division. Participation medals will be given to all participants.

REFRESHMENTS

Refreshments will be provided to all participants following the race.

	LAST NAME:		
ADDRESS:			
Street/PO Box	City	Sate	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	

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.

harmless the City of Siloam Springs, its officers, agents, and employmy minor child or ward arising out of or in any way connected with	•		uries, damages, a	nd losses sustained by me or
\square I have read and fully understand the above Waiver and Release	ase of all claims.			
Signature	Dat	e		
Office Use Only ☐ Cash ☐ Check # ☐ Debit/Credit	Amount	Processed By	Date	Receipt #