



Halifax Health presents



# KID'S TRIATHLON



part of the *Live Your Life Well Race Series*.

**SATURDAY, SEPTEMBER 22 | 9 AM**  
**AT VICTORIA PARK IN DELAND**

## REGISTRATION

Register online at [VFYMCA.org](http://VFYMCA.org)  
or [runnershighracing.com](http://runnershighracing.com)

## ENTRY FEES

\$25 per child  
\$15 for a second child  
\$10 for each additional child



Race is held at  
Victoria Park  
602 South Lake  
Victoria Circle,  
DeLand.

## COURSE

This race is for kids ages 4 to 14 and is held in the beautiful neighborhood of Victoria Park in DeLand. There will be multiple distance options for children based on age and ability level. Parent participation is welcomed and encouraged. Race is at Victoria Park, 602 South Lake Victoria Circle, DeLand.

**Bike helmets are required  
for all children.**

## SPECIAL THANKS TO OUR SPONSORS:



## SPECIAL STUFF

All participants will receive  
an awesome race t-shirt and  
finisher's medal.

### INCLEMENT WEATHER POLICY

This event will occur rain or shine. We reserve the right to cancel in extreme circumstance. In that event, there will be no refunds.

**For more information, please contact Mica Lill at [mlill@vfymca.org](mailto:mlill@vfymca.org) or call 386.425.5210.**

The Volusia County School Board is not affiliated with the Y in any manner, nor do they endorse or assume responsibility for any activities which occur in connection with it.

**VOLUSIA FLAGLER FAMILY YMCA | [VFYMCA.ORG](http://VFYMCA.ORG)**  
**TOGETHER WE CAN BUILD A BETTER US**

# VOLUSIA FLAGLER FAMILY YMCA

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

The undersigned is aware of the different types of activities, equipment, and facilities offered by the YMCA and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned gives permission to the Volusia Flagler Family YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include the undersigned's and such participating children's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

By my signature, I acknowledge that I have received a copy of the Member Code of Conduct and agree to abide by it.

### I HAVE READ THIS RELEASE

\_\_\_\_\_  
1ST ADULT MEMBER/PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
2ND ADULT MEMBER/PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
NAME OF CHILD

### I HAVE READ THIS RELEASE

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE  
(IF PARTICIPANT IS LEGALLY A MINOR)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
NAME OF CHILD

\_\_\_\_\_  
NAME OF CHILD

**VOLUSIA FLAGLER FAMILY YMCA | VFYMCA.ORG**  
**TOGETHER WE CAN BUILD A BETTER US**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# The DeLand | Four Townes Family YMCA KIDS TRI-Y SEPTEMBER 22 | 9:00am

## PARENT INFORMATION

### REGISTRATION:

\$25.00 per child; \$15 for a second child; \$10 for each additional child  
Race Day Registration opens: 8:00am

### PARKING/EVENT:

Event will take place at Victoria Park, 602 South Lake Victoria Circle Deland, FL US 32724

### SWIMMING:

If your child is not a swimmer, we encourage you to get into the pool with your child. Parents/Adults are encouraged to compete in all events alongside their children.

### BIKING:

#### BIKE HELMETS ARE REQUIRED

**BIKE DROP-OFF:** Please drop all bikes off between 8 - 8:45am

**BIKE ROUTE:** The bike route will vary by age group. Please look at the course maps and layout for more information on each age group's route.

### RUNNING ROUTE:

The running route will be either around Victoria Lake or around the swimming pool and park area. The route will be based on the age group. Parents are welcome to run with their child around the course

### RACE DAY:

**9:00am:** Ages 6 & under — Swim 25 yards, bike 1/4 mile, run/walk 1/8 mile

**9:15am:** Ages 7-9 — Swim 50 yards, bike 1 mile, run/walk 1/2 mile

**9:30am:** (approximate, may begin a little earlier) 10-14 year olds — Swim 100 yards, bike 2 miles, run/walk 1 mile

### AGE GROUPS:

Age groups are recommended and parents may select the age group based on their child's ability.

## REGISTRATION FORM

(please use 1 registration form per person)

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

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Shirt Size:** Youth S M LG | **Adult:** S M LG

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

DOB \_\_\_\_\_ Age on Race Day \_\_\_\_\_ **Gender:** M or F

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

**Please select which age group your child will participate in:**

☐ Ages 6 & under ☐ Ages 7-9 year olds ☐ 10-14 year olds