

2nd Annual Florida Kids Triathlon

Race Date: Sunday, November 8th, 2009

Start time: 9:00 am

Location: Frank Brown Park
Panama City Beach, Florida

Course Distances:

Juniors 1 (4-6 yrs): 50 yard pool swim, 3 mile bike, ½ mile run
Juniors 2 (5-10 yrs.): 100 yard pool swim, 3 mile bike, ½ mile run
Seniors (11-16 yrs.): 200 yard pool swim, 6 mile bike, 1 mile run

Entry Fee: \$35 per individual child
\$45 per relay (2-3 children)

Registration:

Online registration available at www.active.com or complete and mail this registration form in before October 26th.

Checks payable to Kids Tri 2.

On-site Registration: Friday, Nov. 6th: 2:00 pm - 4:00 pm at The Ironman Florida Expo at Boardwalk Beach Resort, 9400 S. Thomas Drive in Panama City Beach.

Registration fliers are available at Freedom Sports located at 1120 Thomas Drive. 850-249-2120

Packet pickup race morning begins at 7:45 am to 8:45 am at Frank Brown Park. No Race Day Registration!

*All participants must show proof of USAT membership or purchase annual youth membership for \$5 at registration.

Questions:

Contact Race Director, Koren Kuna, at info@kidstri2.com or call at 352-255-8469. Details & maps can be found at www.kidstri2.com

Finisher medals, Tshirts, & great goody bags to all participants!

Awards will be given 3 deep in each age group and to 1st place Junior & Senior Relays

Complete registration form, sign waiver, & mail with payment:

Name: _____ USAT #: _____
First Last

Birth date: _____ / _____ / _____ Race Age (age child turns by 12/31/09): _____ Gender: Female Male
Month Day Year

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____
Name Phone Number

LIABILITY WAIVER: In consideration of this entrant as a participant in the 2009 Florida Kids Triathlon, I voluntarily agree to release, hold harmless and defend Kids Tri 2, its directors, sponsors, members, and volunteers (the Released Parties) from any claim, demand, injury, illness, or property damage, whether or not foreseeable, suffered by the participant while participating in these events. I recognize that the sport of triathlon is an action sport and carries the risks of serious personal injury, death, and property damage. I acknowledge that the participant is physically and mentally capable of participating in these events. I give my consent for emergency medical treatment to be given to the participant and acknowledge that I will be responsible for the cost of such treatment. I agree to hereby assign all right, title, interest, and all intellectual property right in and to any and all pictures taken for these events. I am the parent and/or legal guardian of the above named participant, that I have read this Liability Waiver for and on behalf of the participant, and his/her heirs or assigns. I represent that I have the legal capacity to execute this document of behalf of the participant and I agree to indemnify, hold harmless and defend the persons and entities mentioned above for any claim made or liability assessed.

Signature REQUIRED (parent or guardian if under 18 years old) _____ Date _____

All CHECKS SHOULD BE MADE OUT TO KIDS TRI 2. No Credit Cards with mail-in registration. Active.com will accept credit cards.

RETURN APPLICATIONS TO KIDS TRI 2, 120 PINE STREET, CLERMONT, FL 34711

THANK YOU TO ALL OUR SPONSORS!!

