



Ozarks
Multisport
Club

YOUTH TIGGER TRI

Friday, July 26, 2024 - 6:30 p.m.

Miller Park (711 E. Miller Road) - Republic, MO 65738

www.republictri.com • 417-732-3500

COURSE OPTIONS

RACE DIVISION

Age 5-6 _____ Age 7-8 _____ Age 9-10 _____ Age 11-13 _____

BEGINNER COURSE (Check Here) _____

(25 YD SWIM, 2.3 MILE BIKE, .4 MILE RUN)

- Mandatory for 5 & 6 Year Olds
- 7-10 Year Olds May Choose Beginner's or Challenge

CHALLENGE COURSE (Check Here) _____

(75 YD SWIM, 3 MILE BIKE, 2.3 MILE RUN)

- Mandatory for 11-13 Year Olds
- 7-10 Year Olds May Choose Beginner's or Challenge

FEES

On or Before June 30, 2024 \$25.00

On or After July 1, 2024 \$30.00

RACE DAY INFO

Packet Pickup:

Race packets may be picked up at the Republic Community Center on Race Day (Friday, July 26) from 5:00-6:15 p.m.

Check-in:

All participants must be at the park and check-in from 5:00-6:15 p.m.

First Name _____

Last Name _____

M F

Gender Age (on 7/26/24)

Birthdate _____

Parent Name & Phone _____

Address _____

City State Zip

Email _____

() First Timer () Return Racer

Shirt Size: YS YM YL S M L XL

(Circle One)

Must register by June 30, 2024 to guarantee shirt size.

Registration Information/Deadlines

On-Line @ <https://runsignup.com/Race/MO/Republic/RepublicTigerTri>
by 11:59 p.m. July 25, 2024

In-Person @ the Republic Community Center by
6:00 p.m. July 26, 2024

I acknowledge that a triathlon event is an extreme test of a person's physical and mental limits and carries with it a potential for death, serious injury, and property loss. I hereby assume the risks of participating in triathlons. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. In consideration for allowing me to participate in this event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I agree to abide by the competitive rules adopted, including the medical control rules as they may be amended from time to time; (b) I agree that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity or area; (c) I waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may now or in the future arise out of or relate to my participation in this event. The following persons or entities: republic parks and recreation, event sponsors, the triathlon director and all committee members, event producers, volunteers, all states, cities, countries, or localities in which events or segments of events are held and the officers, directors, employees, representatives, and agents of any of the above, even if such claims, losses, or liabilities are caused by negligent acts or omissions of the persons I am hereby releasing or are caused by the negligent acts or omissions of any other person or entity; (d) I acknowledge that there may be traffic or persons on the course route and I assume the risk of running, biking, swimming or participating in this event. I also assume any and all other risks associated with participating in this event including but not limited to falls, contacts and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers, in any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph c of other persons or entities; (e) I agree not to sue any of the persons or entities mentioned above in paragraph c from any and all claims made or liabilities that I have waived, released, or discharged herein; (f) I indemnify and hold harmless the persons or entities mentioned above in paragraph c from any and all claims or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions and inactions or negligence of others including those parties hereby indemnified, (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted, (iv) the competitive rules, or (v) any other harm caused by an occurrence related to this event, and (g) I grant permission for the use of my name and/or likeness relating to my participation in this event, and I waive all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I hereby affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

Signature: _____ Date: _____

For persons under 18 years of age, a parent or legal guardian must sign the AWRL and complete the following section.

I am under 18 years of age. My parents/guardian has read and completed the section above; please fill out additional section below. If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing AWRL, the following, for and on behalf of the minor.

The undersigned: _____ (parent or legal guardian) of: _____ (minor) hereby acknowledge that he/she has executed the foregoing AWRL for and on behalf of the minor named herein, as a natural or legal guardian of such minor, I hereby bind myself, the minor and executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agreed to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or the execution of this consent. I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical care facility (medical provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to this event. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment.

Note: current parent/guardian must also sign AWRL above.

Parent/Guardian Signature (Required if under 18 years): _____ Date: _____ Relationship to minor: _____

Emergency Contact Information

Name: _____ Phone: _____