

**Heart of the Sound Triathlon Kids' Tri
Registration and Waiver of Liability**
Sunday, July 25, 2010, Noon
Jensen Point/Burton Peninsula, Vashon Island

You may move up a category but not down (Age is as of 12/31/10, the end of the year):

Age Group	Swim	Bike	Run
10 years and under	100m	5.8 k (3.6 mi., 2 lap)	800 m (half mile, out and back)
11-12 years old	200m	8.6k (5.4 mi., 3 laps)	1600m (1 mile, out and back)
13-15 years old	200m	11.6k (7.2 mi., 4 laps)	3000m (1.8 miles, 1 lap of loop)

COVENANT NOT TO SUE; WAIVER AND RELEASE FROM LIABILITY:

My child and I know that participating in a triathlon, regardless of the distance, includes an element of risk, drowning, crashing, and exhaustion. One should not enter and participate in the Kids' Tri unless medically able and properly trained. We agree to abide by any decision of an event official relative to the ability to compete in this event safely and we further agree that event officials may authorize necessary emergency treatment. We also understand that, although traffic control will be provided, both vehicle traffic and spectators may be present along the course and we assume the risk of participating under such conditions. We further assume, understand and appreciate any and all other risks associated with spectators or other participants, the effect of the weather (including temperature extremes and humidity), and the surface condition of the roads and sidewalks. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for my child, myself, my heirs, executors, administrators, or anyone else who might claim on our behalf, covenant not to sue; and waive, release, and discharge any liability for negligence of the Heart of the Sound Triathlon, Inc., event officials, volunteers, and any or all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

Triathlete's Name _____ Gender M__ F__

Parent/Guardian's Signature _____

Age (As of 12/31/10): _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Email address for email from USAT: _____

Group as of today (Circle One): 10 and under 11-12 years old 13-15 years old
Relay Special Accommodation

USAT Number: _____

Race Registration Fee: \$10.00

USAT Youth Membership (\$5 additional): _____

Total (check made out to HOTS Tri, Inc.): \$ _____

mail to: HOTS Tri, Inc., PO Box 61, Vashon WA 98070