

# SILVER BAY

YMCA

87 Silver Bay Road • Silver Bay, NY 12874  
518-543-8833

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## 7<sup>th</sup> Annual Silver Bay Team Triathlon .5 mile Swim, 1.5 mile Kayak, 3 mile Run Registration Form August 16, 2012

*Registration limited to 20 teams.*

### Team Information

TEAM NAME \_\_\_\_\_

#### SWIMMER

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

#### KAYAKER

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

#### RUNNER

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

### Teams

- All teams must be composed of three participants
- All participants must be 13 years or older (Swimmers and Kayakers under 18 must see the race director prior to the race to be pre-approved)
- Each participant must sign a waiver form
- Participants must use a Silver Bay Kayak.

### Race Logistics

**Race Date:** August 16, 2012

**Race Check-in/on-site registration:** 2:00-3:00pm at the North Field

**Pre-Race Meeting:** 3:15pm at the ERC (all participants must be present)

**Race Start Time:** 3:30pm

**Race Awards:** Awards Ceremony Directly to Follow. All participants receive a voucher for the Store and a prize.

# Waiver

## Silver Bay YMCA of the Adirondacks GUEST RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself 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 program 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.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, 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.
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 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 due to negligence of release 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 further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York 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.

THE UNDERSIGNED affirms he/she is in good physical condition, has the ability to swim, kayak, or run the assigned distances, has consulted with a physician regarding his/her participation in a triathlon, and assumes the responsibility for monitoring his/her health.

\_\_\_\_\_  
*Swimmer Signature*

\_\_\_\_\_  
*Paddler Signature*

\_\_\_\_\_  
*Runner Signature*

\_\_\_\_\_  
Parent/Guardian Signature (under 18 yrs old)

\_\_\_\_\_  
Parent/Guardian Signature (under 18 yrs old)

\_\_\_\_\_  
Parent/Guardian Signature (under 18 yrs old)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

## Cost & Payment

Registration	
<i>Team Fee</i>	Sub-Total
Program Member & On-Campus Guest- \$60/Team	
Basic Member & Non-Member -\$90/Team	
<b>Total</b>	

*Please complete form and return with payment to:  
Silver Bay YMCA, Team Triathlon,  
87 Silver Bay Rd, Silver Bay, NY 12874  
FOR SECURITY REASONS PLEASE DO NOT SUBMIT  
CREDIT CARD INFORMATION OVER EMAIL.*

**Form of Payment:** Make Checks Payable to Silver Bay YMCA of the Adirondacks

Check # \_\_\_\_\_

Credit Card

Exp. Date: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

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