



Spring into action with the MIZZOU Indoor Triathlon Challenge

ever wanted to TRY a TRI?

Join the **MU Triathlon Club** as they get ready for Collegiate National Championships!

RACE DATE & LOCATION:

Sunday, March 11, 2012

First wave* starts at 8 AM

MU Student Rec Complex - MU Campus - Columbia, MO

* Wave start times are between 8am - 11am. Check-in will be 30 min prior to your start. There will be 6 waves of 15 people each. We will provide you with your wave and start time.

ABOUT THE 10-30-20 (1 HOUR) CHALLENGE

The **10 minute** swim will take place in the indoor pool

Laps will be counted and recorded

The **30 minute** bike ride will be in Tiger Lair on spinning bikes

Distance will be recorded

The **20 minute** run will be in the Jungle Gym on treadmills

Distance will be recorded

REGISTRATION

SPACE IS LIMITED! SIGN UP EARLY!

Pre-registration is required by **March 10***

Fee: \$30 by February 10 / \$40 by March 10

Packet-pickup/late registration:

Friday, March 9, 4-7pm and Saturday, March 10, 10am-12pm

Training Plans:

Available! We provide you a customizable sprint distance plan to ensure you are ready for your indoor triathlon challenge!

QUESTIONS??? Email: luseking@mail.missouri.edu

MIZZOU INDOOR TRIATHLON



MIZZOU INDOOR TRIATHLON ENTRY FORM

Sunday, March 11, 2012, 8:00 a.m.

Packet-pick up/Late Registration:

Friday, March 9, 4-7pm and Saturday, March 10, 10am-12pm

NAME:

AGE (ON RACE DAY):

PHONE:

E-MAIL:

**You will receive a confirmation of your registration via email.*

If you would like to be in the same wave as another athlete(s), all entry forms must be submitted together! We will do our best to honor your requests.

PAYMENT

\$30 before February 10

OR

\$40 before March 10 or if signing up at packet pickup

(optional) \$15 MU Triathlon Club T-shirt . Please indicate size:

(optional) \$30 6-Week sprint distance triathlon training plan

_____ **Total**

** Please make checks payable to: "MU Triathlon Club"*

Signature

Print Name

Date

Please return entry form to MU Student Rec Complex or mail to:

University of Missouri,

213 Rothwell Gym

Attn: MU Triathlon Club, Club Sports Office

Columbia, MO 65211

For Office Use Only: Paid Check Number

Waiver Race Number

UNIVERSITY OF MISSOURI
Mizzou Recreation Services and Facilities

Mizzou Indoor Triathlon

Event Name

Participant Name (Last, First)

HOLD HARMLESS RELEASE AGREEMENT

I know that this activity is a potentially hazardous activity and I agree that my participation is entirely voluntary. I know I should not enter this activity unless I am medically able to participate and by signature below attest that I am medically fit to participate. I know that the hazards of each of the above activities include, but are not limited to: rigorous exercise and exertion, falling, collision with other participants; collision with fixed objects. I further state that I know that injuries can range from minor to serious, including loss of sight, paralysis and death.

That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Curators of the University of Missouri and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the University of Missouri Recreation Services and Facilities staff and members from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

I understand that the University may not provide any Accident or Medical Insurance.

I have read and understand the terms of this Release and agree to all terms and conditions.

I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in these activities at the University of Missouri.

I am of lawful age and legally competent to sign this waiver and release form or if less than the legal age of eighteen (18), my parent or legal guardian's consent and signature is also required and I (we) have signed this document as my (our) own free act.

Signature

Print Name

Date