



TRI-BULATHON

To benefit the YMCA

August 17, 2019



About This Event: The Tri-Bulathon is more than just a triathlon. It's an event that supports youth development, healthy living, and social responsibility for children, adults, and families in our community. This will be a sprint triathlon, and is a timed event. Distances are 500 yard swim, 11.15 mile bike, and 5K run. Limit 150 triathletes. Timing by Stasny Road Racing, LLC.

Registration: Available in person at the Ashtabula County Family YMCA or online at stasnyroadracing.com/upcoming-events/

Fees: Individual: ___\$40 ___\$50 Race Day
Team: ___\$75 ___\$85 Race Day

Event Location: Walnut Beach Park, W 1st St and Walnut Blvd, Ashtabula, OH, 44004

Packet Pick-Up: Packet pick up and race day registration will be available from 6:30-7:30 am on race day, August 17, 2019. All race day registrations will be \$50 per individual, \$85 per team. Race begins at 8:00am.

Shirts: All participants will receive a shirt while supplies last. Only those registered by August 1 will be guaranteed a shirt.

Awards: Presented to the top male overall, top female overall, and the top 3 males and females in each age group: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 and up. Team awards to top men's, women's, and mixed.

Individual Registration Form:

Name: _____ Sex: (circle) M F Birth Date: _____ Age: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Shirt Size: Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL Adult XXL

Disclaimer/Hold Harmless Statement

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my participation I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents and contractors including Stasny Road Racing, LLC harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

I/we authorize the Ashtabula County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

By signing this waiver you are giving permission for Stasny Road Racing, LLC to add your email to their database. The participant is also giving Stasny Road Racing, LLC permission to publish video and photos online and on social media.

Signature: _____ Date: _____

(Parent/Adult Signature)

Wychock
Physical Therapy, Inc.

Physical Therapy
Sports Medicine

Team Registration on Back

Ashtabula County YMCA, 263 W Prospect Rd, Ashtabula, OH, 44004
Phone: (440) 997-5321



Team Registration Form:

Team Name _____

Swimmer Name: _____ Sex: (circle) M F Birth Date: _____ Age: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Shirt Size: Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL Adult XXL

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Signature: _____ Date: _____
(Parent/Adult Signature)

Cyclist Name: _____ Sex: (circle) M F Birth Date: _____ Age: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Shirt Size: Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL Adult XXL

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Signature: _____ Date: _____
(Parent/Adult Signature)

Runner Name: _____ Sex: (circle) M F Birth Date: _____ Age: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Shirt Size: Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL Adult XXL

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