

**Another SIS Event From Your
Knox County Community Foundation**



Date: June 13, 2010

Race Start: 8:00 AM

Location: Gregg Park, Vincennes

Swim: 1/4 mile
Bike: ~9 miles, mostly flat
Run/Walk: ~3 miles, mostly flat

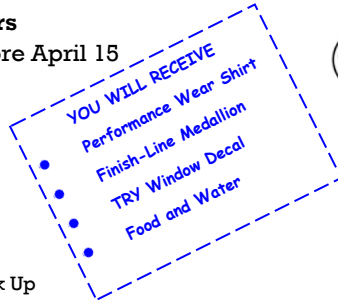
Registration— Limited to 350 Swimmers

- \$60 per Athlete— Early Bird—on or before April 15
- \$75 per Athlete April 16—May 15
- Registration Opens March 15
- Registration Closes May 15

**SATURDAY, June 12 5:00-7:00 PM Gregg Park
PACKET PICK UP & BODY MARKING**

Race Day Schedule

6:00-7:00 AM Bike Racking & Late Packet Pick Up
6:45-7:15 AM Faith Service
7:30 AM Line Up/Warm Up/Race Rules on Pool Deck
8:00 AM Race Begins
12:00 NOON Course Closes



**2010
Registration Form**

Registration: Kathy Rinsch, Director

Knox County Community Foundation 812-886-0093
kathy@knoxcountyfoundation.org
www.knoxcountyfoundation.org/TRYathlon

Links to the Following: **Sponsor Opportunities,
Sponsors, Teams, Course Maps, & TRY Pictures**

Your entry fee, minus \$35.00 which represents the fair market value of goods & services received, is a charitable contribution to the Knox County Community Foundation. There are no refunds of race entry fees.



**SIS Women's TRYathlon—Hosted by
Knox County Community Foundation**



**in Partnership with
Vincennes Parks & Recreation Dept.
Vincennes YMCA**

Training: Tiffany Petts, Swim Coordinator
Vincennes YMCA 812.895.9622 ext 37
tpetts@vincennesymca.org

SIS (Sisters In Service) is a program initiative of the **KNOX COUNTY COMMUNITY FOUNDATION**, A member of The Community Foundation Alliance, Inc.

Name _____ Age on Race Day (Minimum 16) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact Name: _____

Emergency Phone: _____ Relationship _____

Race Start Order is determined by swim time. If swim time is omitted, your start order will be at the end by age. Please time yourself. Be accurate with your time.

Swim time for 400 Yards: _____

T-Shirt Size: S M L XL XXL (Circle One)

ALL SHIRTS ARE WOMEN'S FIT PERFORMANCE WEAR.

I will participate as an **INDIVIDUAL** or **TEAM MEMBER**
(Please Circle One)

ALL TEAM MEMBERS MUST BE LISTED BELOW.

Please List Your Race Leg (Swim, Bike, or Run)

1. (You) _____

2. _____

3. _____

All athletes with special needs must refer to "Special Needs Policy" Section of our website www.knoxcountyfoundation.org. and initial below.

I am an athlete with special needs. I have read and understand the SIS Women's TRYathlon Special Needs Policy. _____
Initial

ALL ATHLETES WILL BE PROVIDED, AT NO CHARGE, A TIMING CHIP FOR PARTICIPATION IN THIS YEAR'S TRYathlon. EACH ATHLETE IS RESPONSIBLE FOR THE RETURN OF THIS CHIP AT THE CONCLUSION OF THE RACE ON RACE DAY. BY TAKING THIS CHIP IN THE REGISTRATION PACKET, EACH ATHLETE AGREES TO PAY A \$30.00 REPLACEMENT FEE IF THE CHIP IS LOST OR NOT RETURNED.

WAIVER. PLEASE READ CAREFULLY BEFORE SIGNING: I know that running, walking, cycling, and swimming a triathlon is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running/cycling into traffic. I also know that, although trained lifeguards will be provided, there is risk associated with swimming. I also assume any and all other risks associated with participating in this event including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Knox County Community Foundation, the Community Foundation Alliance, Inc., the Vincennes YMCA, the Vincennes Parks & Recreation Department, all sponsors, the State of Indiana, City of Vincennes, Knox County, and race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in, this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. In the event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give consent to the employees or agents of Good Samaritan Hospital, Knox County E.M.S. and such other medical personnel that are on hand to provide me with medical treatment they deem necessary. The undersigned further grants full permission to the Knox County Community Foundation and the Community Foundation Alliance, all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Applications for minors will be accepted only with parent/guardian signature.

SIGNATURE OF PARTICIPANT DATE _____

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT UNDER 18 DATE _____

In addition to my registration fee, I would like to support the SIS Women's TRYathlon with a contribution of \$_____.

Please add your additional gift amount to your registration fee and include it in your check.

Mail form & entry fee (add additional gift if you wish) with checks made payable to: Knox County Community Foundation

Old National Bank Building, 20 N 3rd St, Suite 301, P.O. Box 273, Vincennes, IN 47591

For questions, contact: Kathy Rinsch at 812-886-0093 or online at www.knoxcountyfoundation.org/TRYathlon