



**MEDICAL LAKE KIWANIS**  
**EIGHTEENTH ANNUAL MINI TRIATHLON**

**AUGUST 4th, 2012**

**EVENT:** Medical Lake Kiwanis 18th Annual Mini Triathlon Fund Raiser.

**LOCATION:** Waterfront Park - Medical Lake, WA – Start/Transitions/Finish.

**COURSE:** 1) Swim - out and around buoy – back to beach (approx. 1200 ft) Water is warm.  
 2) Bicycle – bike around Clear Lake (approx. 10 miles clockwise) Easy ride.  
 3) Run - around Medical Lake (approx. 3.4 miles counter clockwise).  
 4) A great Triathlon for your first time – Come join the fun!  
 5) No Tandem bikes or pull-carts allowed. 6) Bike helmets required.

**DATE:** **SATURDAY, August 4, 2012**

**TIME:** 8:45 to 9:45 am Check-in, 9:45 am Pre-Race Instructions, 10:00 am Start time Male & Teams – 10:20 am Female

**COST:** \$45.00 Individual \$95.00 Team (3 people)

**DEADLINE:** Monday, July 23, 2012 - Late Registration Accepted at Check in Time

**LATE ENTRY:** \$55.00 Individual \$105.00 Team (3 people) \*Late Registration May Delay T-shirt.

**CLASSIFICATIONS:** \*Six Age Groups for Individuals \*Team Competition-No Age Groups  
 13-19 20-29 30-39 40-49 50-59 60-over

**INFORMATION:** \*All entrants receive a T-shirt \*Secured area \*Rescue boats and crews stationed on lake

\*Awards presented to top two finishers (male-female each group)

\*Awards to top three finishers overall

\*Team entries must submit this application together **with all three signatures** below indicating a team name/ages

\*For more information call 299-5478 in the evenings. Form is also available on City of Medical Lake website.

**MAIL TO:** Medical Lake Kiwanis /Triathlon **MAKE CHECKS TO:** Medical Lake Kiwanis Triathlon  
 PO BOX 851, MEDICAL LAKE, WA 99022

Last Name	First Name	Age	Male	Female
Address	City	State	Zip	Phone (evening)
T-Shirt Size (adult) Teams (be sure and select three) S _____ M _____ L _____ XL _____ XXL _____				

**Release, Hold Harmless and Agreement not to Sue:**

I, fully understand that my participation in the Medical Lake Kiwanis Mini Triathlon (hereinafter “event/class”) exposes me to the risk of personnel injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks. I hereby release, discharge and agree not to sue the Medical Lake Kiwanis Club, Kiwanis International and the City of Medical Lake for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of Medical Lake Kiwanis, Kiwanis International, the City of Medical Lake, or any participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns that I shall indemnify and hold harmless the Medical Lake Kiwanis, and its members, Kiwanis International and the City of Medical Lake from any and all claims, demands, actions of suits arising out of or in connection with my participation in the event/class. I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign of my own free will.

Individual Tri-athlete Signature	Parent/guardian (if under 18)	Date
----------------------------------	-------------------------------	------

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

Signature: Swimmer-age	Parent/guardian (if under 18)	Date
------------------------	-------------------------------	------

Signature: Biker-age	Parent/guardian (if under 18)	Date
----------------------	-------------------------------	------

Signature: Runner-age	Parent/guardian (if under 18)	Date
-----------------------	-------------------------------	------