



HOMETOWN SUMMER BLAST!

Pool Party—Saturday—June 6th

- 6–10 PM —FREE Community POOL PARTY!! Games & Prizes!
- SPORTS—Come learn about the sports organizations in the county and how you can get involved. Try them out while you're here!
 - Pool LED Lights on after dark! Check it out!

Triathlon—Sunday—June 7th

- TRIATHLON 8:00 AM - Registration Table Opens at 7:00 AM
 - 450-Meter POOL SWIM at Splash Williams Pool
- 12 Mile Road Bike with stunning views from the Upshur Regional Airport
 - 5K Run on rolling B-U cross-country course with stadium finish!
 - Youth: 150M Swim—Bike Loop around Upshur Park—1 Mile Run

Have you been looking for a triathlon in our area with manageable distances and a pool swim? Here it is!

This mini-sprint triathlon is perfect for first-time triathletes or a fun warm-up for more experienced racers. Race individually or as a team! Create lasting memories as you sweat and laugh through your first triathlon together.

Then bask in the glory of being a Buckhannon-Upshur Hometown Summer Blast Triathlete!

Register at TriStateRacer.Com! All funds raised will go toward improvements at Upshur County Parks & Trails!

Upshur County Recreational Park
www.upshurcounty.org

50 B-U Drive
www.facebook.com/UpshurPool
Questions? CCSAMS920@GMAIL.COM

Buckhannon, WV 26201
www.tristateracer.com

We encourage you to register online at www.TriStateRacer.com if possible. Otherwise, please mail registration and check made payable to **Upshur County Commission, 38 W. Main Street, Buckhannon, WV 26201** with "Triathlon" in the Memo Line or drop the form and payment at the Upshur County CVB Office. **Discounts: \$5 Discount for Teen/Adult Triathlon for students (doesn't apply to Youth Tri), \$5 discount for Seniors 65+, \$5 Discounts for Family Members (2+ Racers from Family), \$5—Youth Sports Team Member (If your sports organization is participating in the Hometown Summer Blast Pool Party or volunteering during the race, you may deduct \$5.)**

Triathlon Mail-In Registration Form—\$40 Early Bird Until May 15, \$45 Regular, \$50 Race Day

Name _____ Age _____ Gender _____

Youth Adult S M L XL XXL

Shirt Size _____ Address _____ Organization (if any) _____

City _____ State _____ Zip _____ **Estimated Swim Time for a 450-Meter Swim**

EMAIL _____ PHONE _____ \$5 Each: Student/Senior/Family/Sport Discount

I AM PART OF A TEAM: YES No If yes, Team Name: _____ I will SWIM BIKE RUN

You must sign the accompanying liability release form to participate! Remember to sign and turn it in with your registration. Thank you!

Early Bird	\$ 40.00	
Regular	\$ 45.00	
Race Day	\$ 50.00	
Total Discount	Subtract:	
Total Paid:		

Signature (Parent if under 18) _____ Date _____

YOUTH Triathlon Mail-In Registration Form—\$20 Early Bird until May 15, \$25 Regular, \$30 Race Day

Name _____ Age _____ Gender _____

Youth Adult S M L XL XXL

Shirt Size _____ Address _____ Organization (if any) _____

City _____ State _____ Zip _____ **Estimated Swim Time for a 150-Meter Swim**

EMAIL _____ PHONE _____ Family/Sport Discount

I AM PART OF A TEAM: YES No If yes, Team Name: _____ I will SWIM BIKE RUN

You must sign the accompanying liability release form to participate! Remember to sign and turn it in with your registration. Thank you!

Early Bird	\$ 20.00	
Regular	\$ 25.00	
Race Day	\$ 30.00	
Total Discount	Subtract:	
Total Paid:		

Signature (Parent if under 18) _____ Date _____



Minor's Indemnification, Hold Harmless, Assumption of Risk and Waiver

In consideration of my child's participation in the Upshur County Triathlon, I agree to indemnify, defend and hold harmless, Upshur County Commission, the City of Buckhannon, Buckhannon-Upshur Parks and Recreation and their Boards, officers, agents, volunteers and employees and all sponsors (Hereinafter collectively referred to as the "Commission") of the Upshur County Triathlon from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my child's participation in the Upshur County Triathlon. I realize that my child's participation in this activity involves risk of injury, including but not limited to falls, being struck or colliding with other participants, spectators and/or vehicles, the effects of weather (including high heat, humidity or freezing temperatures), the conditions of the course/terrain, drowning and any of which may result in tendonitis, strains, sprains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my child's participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent and voluntarily choose to allow my child to participate. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that the Commission conducting such activities will not be responsible for any damages or injuries resulting to my child. Furthermore, I acknowledge that my child has been given a physician's permission to participate in physical activity or that I have decided to allow my child to participate in physical activity without the approval of a physician.

I hereby give my permission for the Commission staff to seek appropriate medical attention for my child should I be unable to authorize it myself. I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the Commission will not be responsible for any related expenses.

I therefore release any and all rights or claims for damages against the Commission and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by my child's participation, or in any way connected with, these activities.

By signing below, I signify agreement to all the terms and releases stated on this registration form.

Name of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Legal Guardian if under 18:

_____ Date: _____



Adult's Indemnification, Hold Harmless, Assumption of Risk and Waiver

In consideration of my participation in the Upshur County Triathlon , I agree to indemnify, defend and hold harmless, Upshur County Commission, the City of Buckhannon, Buckhannon-Upshur Parks and Recreation and their Boards, officers, agents, volunteers and employees and all sponsors (Hereinafter collectively referred to as the "Commission") of the Upshur County Triathlon from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my participation in the Upshur County Triathlon . I realize that my participation in this activity involves risk of injury, including but not limited to falls, being struck or colliding with other participants, spectators and/or vehicles, the effects of weather (including high heat, humidity or freezing temperatures), the conditions of the course/terrain, drowning and which may result in tendonitis, strains, sprains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent and voluntarily choose to participate. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that the Commission conducting such activities will not be responsible for any damages or injuries resulting to me. Furthermore, I acknowledge that I have been given a physician's permission to participate in physical activity or that I have decided to participate in physical activity without the approval of a physician.

I hereby give my permission for the Commission staff to seek appropriate medical attention for me should I be unable to authorize it myself. I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the Commission will not be responsible for any related expenses.

I therefore release any and all rights or claims for damages against the Commission and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by my participation, or in any way connected with, these activities.

By signing below, I signify agreement to all the terms and releases stated on this registration form.

Name of Participant: _____ **Date:** _____

Signature of Participant: _____ **Date:** _____