

Kristie Yaakoby Memorial Triathlon Registration

The Olympic and Sprint triathlon begins at 9:00 am at Nedow’s Beach in Leland. Awards will follow the triathlon at approximately 1:30 pm. The course will also close at 1:30 PM. Proceeds will benefit cancer research and Michael’s Place in Traverse City. This is **NOT** a USAT sanctioned event; therefore, it is asked that one exhibit exemplary, sportsmanlike conduct at all times! Disqualification is based on unfair conduct. You can view the course on Friday (6/15) after 4:00 pm and the staging area at Bartholomew Park at Nedow’s Beach. Set-up begins at 6:30 am on June 16. On Friday, June 15, online registration closes at noon and late registration will be available from 4:00 to 6:00 p.m. and Saturday morning June 16 from 6:30-8:00 a.m. at Leland Public School (LPS). Packet pick-up is from 4:00 to 6:30 pm and 6:30 to 8:15 am on Friday, June 15 and Saturday, June 16 at LPS. **On Saturday, June 16 parking is available at LPS. Nedow’s Bay area will ONLY be used as a drop off area for your bike and other items until 8:30 AM.**

1. Please fill out this form completely.
2. Sign and date the waiver at the bottom of this form.
3. Enclose your check or money order, payable to **Kristie Memorial Triathlon**, in the amount of \$75/individual or \$100/ team and send to **Leland Public School, 200 N Grand Ave., Leland, MI 49654 c/o Karen Kirt.** (Payment must be received by June 15. Please mail early.)
4. Register online at: <https://events.bytepro.net/kristie-yaakoby>

Circle the distance and complete the data below: SPRINT or OLYMPIC

Name: _____ DOB: _____ T-shirt size _____ M or F
 Name: _____ DOB: _____ T-shirt size _____ M or F
 Name: _____ DOB: _____ T-shirt size _____ M or F
 Name: _____ DOB: _____ T-shirt size _____ M or F
 Name: _____ DOB: _____ T-shirt size _____ M or F

Responsible Party’s Name: _____
 Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 _____ Email: _____

For the team triathlon, up to 5 members may participate. Please calculate your age and list: _____.

Awards:

Top **Individual** Male and Female and the top 3 in each age group category.
 Overall **Team Winner** and the top 3 in each team category.

Adult T-Shirt Sizes:

XS (women), S, M, L, XL, XXL

All T-shirts are performance shirts fitted for males or females. **The first 100 participants receive a t-shirt** with the first entries receiving their size.

Age Categories (by years):

| Individual: | Team: |
|-------------|---------|
| 6-18 | 0-55 |
| 19-29 | 56-87 |
| 30-39 | 88-147 |
| 40-49 | 148-184 |
| 50-59 | 185-224 |
| 60-69 | 225-274 |
| 70+ | 275+ |

This is an Olympic Distance Triathlon, which consists of a 1500 meter swim, 40 kilometer bike and 10 kilometer run and a Sprint Distance, which consists of a 750 meter swim, 20 kilometer bike, and a 5 kilometer run. The triathlon route offers some of the best sites of Leland and the surrounding area. Please follow road rules at all times, even if a volunteer is not present to direct traffic. The bike goes past Kristie’s former home on French Road and includes sights that were some of her favorites. Please visit the Leland Chamber of Commerce for lodging information. Book in advance. There are great restaurants and opportunities to experience life in Leland. Please spend time enjoying the local flavor while you are here.

LIABILITY RELEASE AND WAIVER: In consideration of the acceptance of this application allowing me (or my child) to participate, I, as or on behalf of the participant, hereby waive and release any and all rights, suits and claims of any kind that I (or my child) may now or ever have against the Event Director, the Kristie Yaakoby Memorial Triathlon and its constituents, Leland Public School, Leland Township, sponsors, and all of their respective employees, representatives, volunteers and agents assisting with the event (“Releasees”) for any and all injuries, losses, or damages of any kind caused, incurred or suffered as a result of my participation in the event. I understand and agree that the Releasees have not undertaken any efforts to determine my fitness to participate in this event and that all such responsibility for doing so is borne by me and my own physician. This release includes, without limitation, all injuries, losses and/or damages suffered by me (and/or my child) based upon any theory of law, including negligence, whether allegedly occurring before, during or after the event. This release and waiver is binding on my heirs, executors, administrators, or assignees. I further certify for and to the Releasees as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained to participate in this event, and that I have consulted with my own qualified physician to determine my fitness to participate. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature (Parent’s signature if triathlete is under 18) _____ Date _____

Signature (Parent’s signature if triathlete is under 18) _____ Date _____

Signature (Parent’s signature if triathlete is under 18) _____ Date _____

Signature (Parent’s signature if triathlete is under 18) _____ Date _____

Signature (Parent’s signature if triathlete is under 18) _____ Date _____