

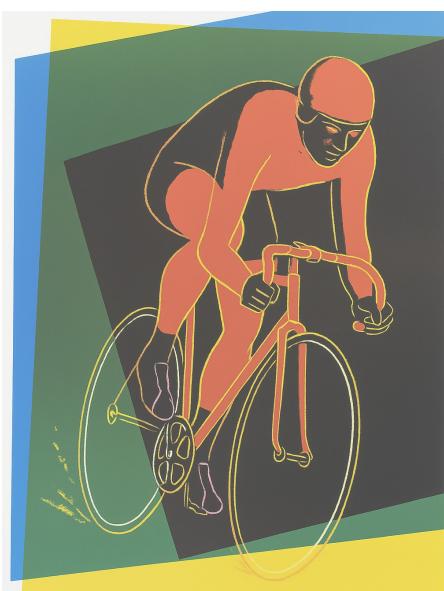


2025 MURRAY PARKS AND RECREATION YOUTH & FAMILY TRIATHLON

LIFE VESTS ARE ALLOWED FOR CHILDREN 8 & UNDER. NO TRAINING WHEELS

MONDAY

SEPTEMBER 1st



Registration Deadline:

August 28th, 2025

RACE DAY

CHECK-IN

MONDAY, 9/1

6:45 AM

@Competition Pool South Doors

-Grassy Area of West Side Cove-

Wave Line-Up: 7:45 am

Race Start: 8:00 am

EARLY

CHECK-IN

SATURDAY, 8/30

7AM-5PM

SUNDAY, 8/31

9AM-2PM

@The Park Center Front Desk



PRICING

EARLY BIRDS: \$40.00

FULL PRICE: \$50.00

Don't miss out on our

Early Bird Discount!

FULL PRICE TAKES EFFECT AUGUST 9th

REGISTER ONLINE AT MCREG.COM

AGES* *AS OF 9/1/2025	SWIM	BIKE	RUN
5-6	25 yards	1 kilometer	200 meters
7-8	50 yards	2 kilometers	400 meters
9-10	100 yards	2.65 miles	0.7 miles
11+	150 yards	5.3 miles	1.2 miles

COORDINATOR: ULYSSES ACERO | UACERO@MURRAY.UTAH.GOV | 801-290-4183

YOUTH & FAMILY TRIATHLON -

Name _____ DOB ____ / ____ / ____ Age ____ M/F
Address _____ City _____ Zip _____

Parent/Guardian (if <18 yrs) _____ Phone _____

Email _____

Emergency Contact _____ Relationship _____ Phone _____

Does the Participant have any limitations? Y/N If yes, please describe: _____

T-Shirt Size: (not guaranteed) YXS ____ YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____ AXL ____

How did you hear about this program? Murray Journal ____ Social Media ____ Website ____ Flyer ____ Poster ____
Email ____ Word of Mouth ____ Previous Participant ____

DIVISION Male ____ Female ____

Age: 5-6 ____ 7-8 ____ 9-10 ____ 11-12 ____ 13-15 ____ 16-19 ____ 20-29 ____ 30-39 ____ 40-49 ____ 50+ ____

CONCUSSION POLICY

As the participant or parent/legal guardian of _____ (participant), who is participating in _____ (activity/sport), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

[] Participant *has not* previously sustained a concussion or head injury; or

[] Participant *has* previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or head injuries that arise when I have not complied with the Policy. Parent/Guardian Initials _____

MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - Read before signing

In consideration of being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my child's participation; and, I willingly agree to comply with the Activity's rules and conditions to participate. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

REFUND POLICY

Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the

Recreation Coordinator or Recreation Director's discretion. Parent/Guardian Initials _____

MEDIA CONSENT

[] Opt In: I hereby grant permission to Murray City to use the participant's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Parent/Guardian Initials: _____

[] Opt Out: Initial if you do not authorize Murray City to post or publish the name or media of the participant participating in the above activity to any Murray City operated website. Parent/Guardian Initials: _____

By signing this CONCUSSION POLICY, RELEASE OF LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge that I have read its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effects.

PRINTED NAME (Parent/Legal Guardian if under 18 yrs.) _____

SIGNATURE (Parent/Legal Guardian if under 18 yrs) _____ Date ____ / ____ / ____

OFFICE USE ONLY PAID: _____ CASH CHECK C C DATE: _____ STAFF: _____