



5th Annual Special Recreation

Try-Athlon

A competition for athletes with disabilities



Shabbona Park – 6935 W. Addison Street, Chicago, IL 60634
Sunday, September 18th, 2011

Athletes with cognitive disabilities & athletes who are deaf/hard of hearing start at 9:00am
Athletes with physical disabilities and/or visual impairments start at 1:00pm

Super Sprint Distance – Begins at 1:00pm

- Swim:** 400 yards. Indoor 25-yard pool swim. 8 laps/16 lengths
- Bike:** 6.84 miles. 12 loops on bike path on south side of park building. See attached map.
- Run:** 1.2 miles. 6 loops on run path on north side of building. See attached map.

"Try-It-On" Distance – Begins at 1:00pm

- Swim:** 100 yards. Indoor 25-yard pool swim. 2 laps/4 lengths
- Bike:** 2.85 miles. 5 loops on bike path on south side of park building. See attached map.
- Run:** 0.40 miles. 2 loops on run path on north side of park building. See attached map.

Registration Fees / Packet Pickup

The cost for this race is FREE! All registered participants will receive a free t-shirt, finisher's medal and bag full of goodies. Entries must be received by Monday, September 12th.

Dare2Tri End of Season Picnic & ABC "Everyday Health Heroes" Filming

Please join us in celebrating the close of our inaugural Dare2Tri season! We will be having a picnic after the race on the front lawn with food and drinks. Thank you to our sponsors, volunteers, families and friends for making this a successful season! Also, ABC will be filming a new Fall show called "Everyday Health Heroes" during the race. Come out and show your support!



Thank you to our Sponsors!!

Chicago Park District *Try-Athlon* REGISTRATION

To register, complete form below and CPD participant waiver attached.

Fax both forms to **Daniel Tun** at 312-742-5393 or email to daniel.tun@chicagoparkdistrict.com by Tuesday, September 13, 2010.

1. Name _____
FIRST LAST

2. Address _____
STREET CITY STATE ZIP

3. Date of Birth _____ 4. Phone Number (____) _____
MONTH/DAY/YEAR

5. Email _____

6. Number of additional family/friends attending End of Season picnic _____

7. Individual Entry: Male Female

Choose Distance: Super Sprint Distance
*400 yard Swim, 6.84 mile Bike, 1.2 mile Run

"Try-It-On" Distance
*100 yard Swim, 2.85 mile Bike, 0.40 mile Run

8. Team Relay Entry: Male Female

Teammate's Names: (each team member is required to submit a complete registration form and CPD waiver)

A. _____ B. _____

Choose Distance: Super Sprint Distance
*400 yard Swim, 6.84 mile Bike, 1.2 mile Run

"Try-It-On" Distance
*100 yard Swim, 2.85 mile Bike, 0.40 mile Run

Please check all the disciplines you would like to compete in. We will help you find athletes to fill in any remaining disciplines:

I want to: SWIM BIKE RUN

Check any equipment you may need:

BIKE: Handcycle Tandem Bike Upright Bike
RUN: Racing Chair





chicago park district

Participant Information

Park Name _____

NOTE: This form must be filled out in its entirety without modification or participation will be denied.

Participant Information

Participant Name(s) _____

Registered Receipt Numbers/Activity Codes/Activity Names

Street Address, Apt/Unit _____

Gender _____ Birth Date _____ Phone Number _____

City, State, Zip Code _____

Email Address (optional) of Participant or Parent/Legal Guardian _____

School (if student) _____

Grade (if student) _____ Age _____ T-shirt size* _____

*Not all programs provide T-shirts. Choose from youth sizes 2T-4T, 2-3, 4-5, 6-8, 10-12, 14-16, or adult sizes S, M, L, XL

Emergency Information

Primary contact

Name (Parent/Legal Guardian if Participant is a child) _____

Participant's Physician/Hospital Name _____ Phone Number _____

Day Phone _____ Evening Phone _____ Relationship to Participant _____

Insurance Company _____ Policy Number _____

Secondary Contact

Name _____

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Day Phone _____ Evening Phone _____ Relationship to Participant _____

Participant Special Needs, such as Allergies/Medications

Signature (Parent/Legal Guardian if Participant is a child) _____ Date _____

Agreement to Participate

I hereby give permission for my child to participate in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

I have received, read and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK Kids only) and agree to abide by the policies stated therein. I understand that this form will be due the first day of class or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I agree to allow my information to be entered into a database that may be used in aggregate for reporting and analysis on this program.

Signature (Parent/Legal Guardian if Participant is a child) _____ Date _____

Parent/Legal Guardian Agreements

The following agreements apply to all Park District programs.

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

My child(ren) may walk home unescorted at time of dismissal. Yes No

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Is anyone prohibited from picking up your child(ren)? Yes No

If yes, who?

I understand my child must be picked up daily by the assigned dismissal time or a \$5.00 per 30 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program. If your child has not been picked up by 8:00 p.m., the park staff will contact the Police Department.

Name _____ Relationship to Child _____

Signature Parent/Legal Guardian _____ Date _____



RELEASE OF LIABILITY, MEDICAL RELEASE, AND MEDIA RELEASE FORM

IN CONSIDERATION of Chicago Park District allowing me to participate in this pilot Triathlon for individuals with developmental disabilities event (**the "Event" or "Events"**) through the issuance of a single entry; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (**the "Agreement"**);

1. **Representations.** I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. **Acknowledgements.** I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. **Rules & Regulations.** I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by the Chicago Park District. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
4. **Waiver of Liability.** I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: The Chicago Park District, the Event Organizers and Promoters, Race Directors, Sponsors, Advertisers, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place (including specifically the City of Chicago), Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the**

“Released Parties” or “Event Organizers”), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature (“Liability”) which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which may be incurred as the result of such claim.

5. **Medical Release.** I acknowledge that the Chicago Park District does not administer or store any medications and that I am solely responsible for taking any medications as prescribed. I further acknowledge that the Chicago Park District does not provide medical treatment and give my permission to receive emergency medical treatment from a medical provider if necessary. In the event medical care is necessary, I give the Chicago Park District my permission to share any health information maintained by the Chicago Park District for the purpose of assisting with my health care.
6. **Media Release.** I hereby authorize and give full consent to the Chicago Park District and their sponsors to copyright or publish all photographs, videotapes, and films in which I appear while participating in the Event. I further agree that the Chicago Park District may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Participant’s name: _____
(Please print)

Participant’s signature: _____ Date: _____

THIS RELEASE OF LIABILITY, MEDICAL RELEASE, AND MEDIA RELEASE FORM WAS READ, ACKNOWLEDGED, AND AGREED HERETO AND ACCEPTED IN FULL BY THE PARTICIPANT’S PARENT OR LEGAL GUARDIAN. SAID RELEASE SHALL APPLY TO AND BIND THE PARTICIPANT’S PARENT OR LEGAL GUARDIAN AS ACKNOWLEDGED BY SAID SIGNATURE BELOW:

Participant’s parent or legal guardian’s name: _____
(Please print)

Parent or legal guardian’s signature: _____ Date: _____