

# 8th Annual Kootenai Health Triathlon for Kids

**Date:** Saturday, September 8

**Location:** Rehabilitation Services  
2003 Kootenai Health Way  
Coeur d'Alene, ID 83814

- Schedule:**
- ▶ **Check-in and Body Marking:** 8:30 - 9 a.m.
  - ▶ **Transition Area Opens:** 8:30 - 9:30 a.m.
  - ▶ **Pre-race meeting:** 9:30 a.m.  
(mandatory for parents and competitors)
  - ▶ **Race:** 10 a.m.



**Awards:** Every child will receive an award for finishing.

**Swimming:** Swimming will be in age groups. Flotation devices are allowed during the swim portion of the race. Lifeguards will be available in the water.

**Cycling:** Helmets and shoes will be required for cycling. Training wheels and other safety equipment are encouraged.

## Race Course Safety

- (Bike and Run):**
- ▶ One support person will be permitted to assist/help the child during the race. A colored wrist band will identify this support person.
  - ▶ Monitored crosswalks will be set up to allow for safe crossing of the bike path.
  - ▶ Athletes must wear a shirt during bike and run.

**Race Information:** Race will be limited to the first 200 entrants.

**Entry Fee\*:** \$20 for the first child and \$10 for each additional sibling (all fees include T-shirt and medal)  
*\*Entry fee and signed registration form must be received by August 31. No day of race registration.*

## Divisions:



<b>4-5 year olds</b>	1 lap swim (48' x 2 = 96')	3/4 mile	1 lap run (0.25 mile)
<b>6-7 year olds</b>	1 lap swim (48' x 2 = 96')	3/4 mile	1 lap run (0.25 mile)
<b>8-9 year olds</b>	2 lap swim (48' x 4 = 192')	1.5 mile	1 lap run (0.75 mile)
<b>10-12 year olds</b>	2 lap swim (48' x 4 = 192')	1.5 mile	1 lap run (0.75 mile)

*\*Due to construction, the bike route could not be verified at this time. Visit [kh.org/rehab](http://kh.org/rehab) for updated information.*

**For more information contact Kayla Hempfing at (208) 625-5311 or email [khempfung@kh.org](mailto:khempfung@kh.org)**



**KootenaiHealth**

Sponsored by Rehabilitation Services  
208.625.5311 tel | [kh.org/events/kidstri](http://kh.org/events/kidstri) web

5.31.2018

# Kootenai Health Triathlon for Kids

## Participant Release Form

### Release

Parent/guardian must be present at check-in (please bring I.D.)

### Please read and sign the following:

In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators, assigns, forever waive, release and discharge of any and all rights, demands, claims for damages known or unknown, that I may have against the Kootenai Health Triathlon For Kids organizers, and any or all sponsors of this race, their employees, members or agents for any and all injuries in the manner arising from my participation in this race, that I freely and voluntarily assume those risks as incident to the participation and that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race and that my bike is road worthy of this event.

### Media and public relations consent to photograph, videotape, interview and release condition reports

I hereby authorize the creation and use of photographs, video and sound recordings and/or interviews of me and/or my minor child by Kootenai Health, its corporate affiliates, agents, employees, or production companies hired by Kootenai for news media or public relation purposes.

This release is expressly intended to release and hold harmless all Kootenai personnel and physicians from liability in the case that my (and/or my dependent's) photograph, videotape and/or interview is used by the news media, production companies hired by Kootenai Health or the Kootenai Health Communications and Marketing department in covering a hospital or media-related news story.

This authorization is ongoing and is without limitations or restriction to time. I maintain the right to revoke by written notice this consent but until I do so, Kootenai may rely on this document's validity.

Child's name: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Kootenai Health Triathlon for Kids Registration Form

1. **Child's Name:** \_\_\_\_\_ **Cost: \$20**

Date of Birth: \_\_\_\_\_  Male  Female

Age group:  4-5  6-7  8-9  10-12

Youth T-shirt size:  S  M  L  XL Adult T-shirt size:  S  M  L

2. **Child's Name:** \_\_\_\_\_ **Cost: \$10**

Date of Birth: \_\_\_\_\_  Male  Female

Age group:  4-5  6-7  8-9  10-12

Youth T-shirt size:  S  M  L  XL Adult T-shirt size:  S  M  L

3. **Child's Name:** \_\_\_\_\_ **Cost: \$10**

Date of Birth: \_\_\_\_\_  Male  Female

Age group:  4-5  6-7  8-9  10-12

Youth T-shirt size:  S  M  L  XL Adult T-shirt size:  S  M  L

4. **Child's Name:** \_\_\_\_\_ **Cost: \$10**

Date of Birth: \_\_\_\_\_  Male  Female

Age group:  4-5  6-7  8-9  10-12

Youth T-shirt size:  S  M  L  XL Adult T-shirt size:  S  M  L

**Additional adult and children-sized T-shirts can be purchased for \$10 each.**

**Please use another copy of this form to add additional participants.**

**Total enclosed: \$ \_\_\_\_\_**

## Contact Information:

Parent's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

## Registration options:

- **Mail** the signed release and this form with payment to:  
**Kootenai Health**  
c/o Rehabilitation Services/Triathlon  
2003 Kootenai Health Way  
Coeur d'Alene, ID 83814



**KootenaiHealth**

Make checks payable to: Kootenai Health

- **Fax** the signed release and this form to (208) 625-4184
- **Scan and email** the signed release and this form to khemping@kh.org
- **Credit card:** (Visa, Mastercard, Discover, or American Express)

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVN: \_\_\_\_\_

Name: \_\_\_\_\_ (as it appears on credit card)

Signature: \_\_\_\_\_