

# 9th Annual MAC Mini Triathlon

**When:**

Saturday Aug. 8 ,2015

**Where:**

Maryville Aquatic Center  
502 N Laura St.

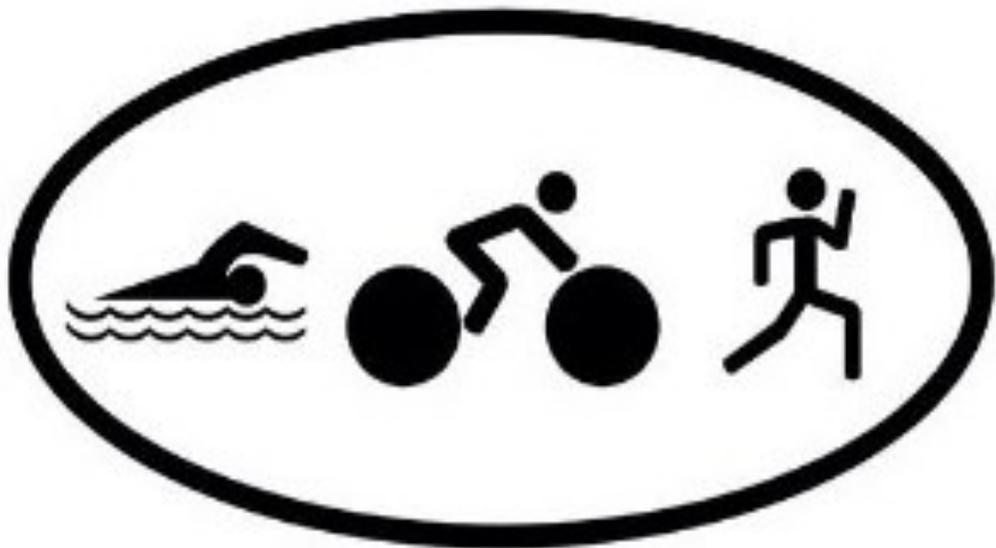
**Events :**

Team or individual Triathlon with prizes for 1st, 2nd, and 3rd. With an overall in each Category

**Categories:**

Mens, Womens, Team (Must have at least one girl per team)

**Start Time:** 7:30 a.m.



**Entry Fees:**

July 13-31	After 7/31/15
Team: \$75	Team:\$90
Individual:\$30	Individual: \$45

**Register: July 13th-31st**

Maryville Community Center, 1407 N. Country Rd. Maryville Mo, or online at [www.acticityreg.com](http://www.acticityreg.com)

More information please contact Maryville Parks and Recreation at: 660-562-2923 or check our website at [www.maryville.org/mpr](http://www.maryville.org/mpr)

*Swim*

*400m*

*Bike*

*10k*

*Run*

*5k*

Mini Tri Registration

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Gender: M F Shirt size # \_\_\_\_\_ Email: \_\_\_\_\_

List the time it take you to swim 400m : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

As a participant in the program I recognize and acknowledge there are certain risk of physical injury and I agree to assume the full risk of any injuries including death, damage or loss, which I may sustain as a result of participating in the program. I do hereby release and discharge the Maryville Parks and Recreation Department and its Officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss that I may have or which may occur to me on account of my participating in the program.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian signature: \_\_\_\_\_