



TIN MAN TRIATHLON

Summer Family Ironman

June 10 - August 1, 2013



REGISTRATION

FIRST NAME		LAST NAME		AGE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH		
ADDRESS				
CITY		STATE		ZIP
PHONE			EMAIL ADDRESS	
EMERGENCY CONTACT			EMERGENCY CONTACT PHONE	
T SHIRT SIZE (CIRCLE ONE): ADULT: S M L XL XXL YOUTH: S M L XL				

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in the YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary); participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived exertion effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program, and should and unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain a written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

IF UNDER AGE 18, PARENT'S SIGNATURE

PARTICIPANT'S SIGNATURE

TIN MAN IRONMAN TRIATHLON FEE:

ADULT (AGE 16+)	\$10
YOUTH (AGE 15 & UNDER)	\$5

Requirements:

- Open to all ages.
- Participants must sign Informed Consent.
- Parental consent for ages under 18.

FOR OFFICE USE ONLY

PAYMENT RECEIVED

CHECK CASH CREDIT CARD

DATE: _____ PAYMENT TAKEN BY: _____

IN DAXKO UNDER: 2013 PROGRAMS