



ARLINGTON  
SWIM TRIATHLON  
BIKE CLUB  
RUN



## 2020 Virtual Arlington Triathlon

**bike-run-create**

**June 15 - 30, 2020**

This virtual youth triathlon event is sanctioned by USA Triathlon. **There is no cost to participate.** We welcome donations to Triathlon Family USA, Inc. to sustain the Arlington Triathlon Club through this difficult year. If contributions permit, we will provide a race gift to registered racers that will be distributed at a later date.

Each participant will need a USAT membership number. If you are not yet a USAT youth member, a membership will be provided for you by USA Triathlon for this event only, at no charge.

**Email Registration** now is open. If you registered online for the Arlington Triathlon prior to the COVID-19 shutdown, you automatically are entered into this event. No further action is required. New registrations must be received by June 25, 2020 at 5 p.m

**As indicated in our earlier triathlon race registration materials, there are no race registration refunds as operating expenses already have consumed all funds received to date.**

If you were not entered online into the 2020 Arlington Triathlon earlier this year, please print, fill out and sign the attached registration form and three (3) waivers (7 pages) and email scanned copies all of them to: [triathlonfamilyusa@gmail.com](mailto:triathlonfamilyusa@gmail.com) with the subject line: Virtual Tri Registration - Childs Last Name, Child's First Name. Send a separate email for each child.

Our virtual triathlon will not be traditional although there will be three segments. There will be bike and run segments. Instead of a swim, there will be a "creative" segment where athletes can create race bibs, finish lines, posters, and other race materials of their own choosing to submit. Athletes will be able to submit photos or videos of their materials to Triathlon Family USA for inclusion in a race album that will be shared by Triathlon Family USA through its website, social media, or other outlet.

There will be a Zoom race meeting for registered athletes on Monday, June 15th and Monday, June 22nd at 3:30 pm for additional information and to answer questions. Registered athletes will receive information on how to participate in these meetings.



Athletes may choose any time/date between June 15 and June 30 to race. Parents will select appropriate race “venues” for their children to bike and run anywhere in the world. Off-road locations near the Arlington Triathlon Club’s usual training sites include the paved path by Thomas Jefferson Middle School and the public park/field behind Long Branch Elementary School (suitable for running).

Parents can time their children using any choice of stopwatch, smart watch, Garmin or similar device, cycling computer, etc. Please take photos of the screen to demonstrate sport, distance, and time. Instructions for sharing times and creative materials will be posted to the Triathlon Family USA Facebook page on June 15th.

**There is no cost to register for this event.** We welcome donations to Triathlon Family USA, Inc. to sustain the Arlington Triathlon Club through this difficult year. If contributions permit, we will provide a race gift to registered racers that will be distributed at a later date.

Any additional race information or “results” will be posted at: [www.com](http://www.com) including information about sharing creative materials.

## Course: New Distances, Same Age Groups

For the Virtual Arlington Triathlon, the distances will be longer because there will be only two active legs.

Athletes will be placed in age groups as usually done for The Arlington Triathlon: 7-8, 9-10, 11-12, and 13-15. Each athlete’s age is determined by their age on December 31st, 2020. For example, if you are 8 years old today and your birthday is September 24th, you will be 9 years old on December 31st so you will race in the 9-10 age group. This convention is set by USA Triathlon and not by local race organizers.

### Race distances:

Age	Bike	Run
7-8	2.0 miles	.75 mile
9-10	3.5 miles	1.00 mile
11-12	5.0 miles	1.50 mile
13-15	6.5 miles	2.00 miles



## 2020 VIRTUAL ARLINGTON TRIATHLON Registration Form

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on 12/31/2020 \_\_\_\_\_ Gender: M / F \_\_\_\_\_

### PARENT CONTACT INFORMATION:

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Please fill out all of the above fields. Your registration will not be processed if any information is missing. Please send any questions to [triathlonfamilyusa@gmail.com](mailto:triathlonfamilyusa@gmail.com).**

**Parents MUST print and sign ALL THREE (3) attached waivers including the, event registration waiver, the Triathlon Family USA, Inc. waiver, and the USA Triathlon waiver and release of liability agreement. Please be sure you sign and return all three!**

If you were not entered online into the 2020 Arlington Triathlon earlier this year, please print, fill out and sign the attached registration form and three (3) waivers (7 pages) and email scanned copies all of them to: [triathlonfamilyusa@gmail.com](mailto:triathlonfamilyusa@gmail.com) with the subject line: Virtual Tri Registration - Childs Last Name, Child's First Name. Send a separate email for each child.



## 2020 Virtual Arlington Triathlon Registration Waiver

I hereby voluntarily register my minor child named in the registration form for the Arlington Virtual Triathlon to be held June 15-30, 2020 at a location of my own choosing. I understand and acknowledge that the 2020 Virtual Arlington Triathlon (activity) is sanctioned by USA Triathlon. I hereby assume all risk and agree to accept full responsibility and liability for any damages or bodily injuries I or any of my dependents may cause, sustain, or suffer arising out of participation in the above-referenced activity, including any such damages or bodily injuries occurring during, resulting from, or related to any travel to or from the activity. I hereby agree to be fully liable for and I hereby agree to waive and release on behalf of myself and my heirs, successors and assigns, the Arlington Triathlon Club, Triathlon Family USA, Inc., its directors, officers, volunteers, and members from any and all injuries, bodily injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer, or cause as a result of my participation in the above-referenced activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the activity. I further agree to indemnify, reimburse, and forever hold harmless the Arlington Triathlon Club, Triathlon Family USA, Inc., its directors, officers, volunteers, and members from any and all injuries, bodily injury, costs, damages, causes of action, claims and any consequential and incidental damages, including attorneys fees, arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer or cause as a result of participation in this activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages, including attorneys fees, arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer or cause as a result of participation in this activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the activity.

I am aware of the risks associated with participation in this activity and hereby accept and assume on behalf of myself or dependent full responsibility for any and all such risks, including, without limitation, the need to check with a physician before engaging in this activity, including any physical activity associated with this activity. I understand that participation in this activity may involve activities where injury can occur and shall be undertaken at my sole risk and expense. I hereby certify that I am physically fit and have not been otherwise informed by a physician. I understand that Triathlon Family USA, Inc. does not employ physicians and that its volunteers cannot and do not diagnose medical problems.

I further represent that I or my dependent currently have and carry health insurance and agree that any claim for medical treatment or other purposes shall be made against such health insurance and that my own or dependent's own personal health insurance shall be primary insurance and the primary source of health insurance coverage in the event that I or my dependent sustain or suffer any bodily injury or medical crisis which participating in this activity.

I acknowledge that I have read and voluntarily agree to the terms of this Indemnification and Waiver. If any portion of this Indemnification and Waiver shall be held invalid for any reason under the laws of the United States, Virginia, or Arlington County, those parts that are not held invalid shall continue in full force and effect. In addition, I promise to abide by the rules and regulations adherent to this activity or event and to exercise care and caution for my personal safety and that of my fellow participants. I understand further that outdoor conditions and paths/trails/streets/roads may have irregularities. I warrant that I have familiarized myself with these conditions and will supervise my child's participation in this event. I acknowledge that no Arlington Triathlon Club and/or Triathlon Family USA, Inc. coaches, directors or officers, volunteers or others will be present and that I am the sole responsible party for my child's participation in this activity.

BY AGREEING TO THE 2020 Arlington Virtual Triathlon waiver above, YOU ARE ALSO AGREEING TO THE Triathlon Family USA, Inc. and the USAT Triathlon waiver below. You must sign all three!

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

Date Signed \_\_\_\_\_

# Triathlon Family USA Inc. Waiver

## Participant in Event / Athletic Event

I am the parent or guardian of the minor named on the registratin form herein and on the minor's behalf and on my behalf and on behalf of all other parents or guardians of the minor, I accept the release and waiver of liability as inducement for allowing my child, or this minor, to participate in the named activities or event(s). I further authorize any emergency medical care, which may be necessary. I represent and warrant that I have the authority to give this release.

I hereby voluntarily register my child named herein for the 2020 Virtual Arlington Triathlon to be held at a location of my own choosing and at my own risk. I understand and acknowledge that the 2020 Virtual Arlington Triathlon (activity) is sanctioned by USA Triathlon.

I hereby assume all risk and agree to accept full responsibility and liability for any damages or bodily injuries I or any of my dependents may cause, sustain, or suffer arising out of participation in the above-referenced Activity, including any such damages or bodily injuries occurring during, resulting from, or related to any travel to or from the activity.

I hereby agree to be fully liable for and I hereby agree to waive and release on behalf of myself and my heirs, successors and assigns, the Arlington Triathlon Club, Triathlon Family USA, Inc., its directors, officers, volunteers, and members from any and all injuries, bodily injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer, or cause as a result of my participation in the above-referenced activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the activity.

I further agree to indemnify, reimburse, and forever hold harmless the Arlington Triathlon Club, Triathlon Family USA, Inc. its directors, officers, volunteers, and members from any and all injuries, bodily injury, costs, damages, causes of action, claims and any consequential and incidental damages, including attorneys fees, arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer or cause as a result of participation in this activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the activity.

I am aware of the risks associated with participation in this activity and hereby accept and assume on behalf of myself or dependent full responsibility for any and all such risks, including, without limitation, the need to check with a physician before engaging in this activity, including any physical activity associated with this activity. I understand that participation in this activity may involve activities where injury can occur and shall be undertaken at my sole risk and expense. I hereby certify that I am physically fit and have not been otherwise informed by a physician. I understand that Triathlon Family USA, Inc. does not employ physicians and that its volunteers cannot and do not diagnose medical problems.

I further represent that I or my dependent currently have and carry health insurance and agree that any claim for medical treatment or other purposes shall be made against such health insurance and that my own or dependent's own personal health insurance shall be primary insurance and the primary source of health insurance coverage in the event that I or my dependent sustain or suffer any bodily injury or medical crisis which participating in this activity.

I acknowledge that I have read and voluntarily agree to the terms of this Indemnification and Waiver. If any portion of this Indemnification and Waiver shall be held invalid for any reason under the laws of the United States, Virginia, or Arlington County, those parts that are not held invalid shall continue in full force and effect.

In addition, I promise to abide by the rules and regulations adherent to this activity or event and to exercise care and caution for my personal safety and that of my fellow participants. I understand further that outdoor conditions and paths/trails/streets/roads may have irregularities. I warrant that I have familiarized myself with these conditions and will supervise my child's participation in this event. I acknowledge that no Arlington Triathlon Club and/or Triathlon Family USA, Inc. coaches, directors or officers, volunteers or others will be present and that I am the sole responsible party for my child's participation in this activity.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

Date Signed \_\_\_\_\_



**WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.**

## **WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of Triathlon Family USA, Inc. ("Race Director") allowing me to participate in the virtual triathlon 2020 Virtual Arlington Triathlon (the "Event") 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 (this "Agreement").

- Physical Health.** 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, and will not be under any such influence at the time of the Event, 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.
- 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 I am solely responsible for the conditions of the areas in which I will be competing in the 2020 Virtual Arlington Triathlon and that [Triathlon Family USA, Inc.] has no control over these areas nor will they incur any liability if I should become injured during the competition. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; accidents, 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 risks and dangers which may not be readily foreseeable or are presently unknown, including any unknown claims under Section 1542 of the California Civil Code (collectively, "Risks"). I understand that [Triathlon Family USA, Inc.] is not closing bike, swim or run courses or providing any support whatsoever for the 2020 Virtual Arlington Triathlon including safety equipment or completing safety protocols. 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 and voluntarily choose to 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.**
- Release from Liability.** I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: Event Owners, Organizers and Promoters, Race Directors, USA Triathlon and other participants in the Triathlon Family USA, Inc. Sponsors, Advertisers, Venues and Property Owners upon which the Event takes place 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 any may be incurred as the result of such claim.
- Authorization to Collect and Use Data.** While participating in the Event, I may provide to Event Organizers information such as my name, contact information, age, gender and other demographic, physical, physiological or identifying characteristics specifically requested from me. My participation in the Event is voluntary. By participating in the Event, and giving such data to the Event Organizers, I hereby grant the Event Organizers, or any of them, permission to collect, capture, record and store the data, and grant to each of the Event Organizers a license to use the data for any purposes whatsoever.

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.

I certify that  I am over the age of majority (18 years of age or older in most states), or  I have my parent's or legal guardian's consent as indicated below.

\_\_\_\_\_  
Participant Signature  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Emergency Contact

\_\_\_\_\_  
Emergency Contact Telephone Number

**IF PARTICIPANT IS A MINOR, PARENT OR GUARDIAN MUST READ AND SIGN BELOW**

I am the parent or legal guardian of the above-named participant, and I agree that the participant may take part in the Event. On behalf of the participant, I hereby irrevocably and unconditionally (1) agree to all of the terms of this Agreement, and (2) authorize USAT or any of its designees to arrange or any necessary medical treatment for the participant. I also, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby fully and forever release and discharge the Released Parties (defined above) from any and all claims or causes of action that I may have for damages for personal or bodily injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties, or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

