



The William K. Ray
**institute for wellness
 & sports medicine**
 a wesley medical center healthcare facility



2nd Annual IWSM Kids Triathlon

Saturday July 20th, 2013

Ages: 9 - 14

150 Yard Swim – Lap Pool (in-door)

4 Mile Bike – Keiser M3 Spin Bikes

1 Mile Run – (off-road with obstacles)

1st, 2nd, 3rd Place Prizes for boys and girls

T-shirts for all entries

\$25 Registration Fee

Must register by July 13th, 2013

IWSM Contact: Benjamin Hardy, IWSM Manager

Benjamin.Hardy@wesley.com, 601-268-5083

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

T-shirt: YS YM YL YXL (please circle one)

Wave Times: 8:30am _____ 9:15am _____ 10am _____

Only 8 children allowed per wave.

Please bring registration form by IWSM to reserve your child's starting time slot.

I desire to participate in the "IWSM Indoor/Outdoor Triathlon" at the Institute for Wellness & Sports Medicine. I agree to RELEASE AND FOREVER DISCHARGE, AS WELL AS PROTECT, INDEMNIFY AND HOLD HARMLESS, the Wesley Medical Center, LLC and the Institute for Wellness and Sports Medicine and all its parent companies, partners, subsidiary companies, agents, successors, officers, directors, servants, assigns, attorneys, representatives and employees from any and all liability arising out of my use of the grounds and facilities. I further state that to the best of my knowledge, I am in good physical and mental condition to participate in exercise. I am not aware of any condition that would prevent me from physically or mentally participating in exercise, nor am I presently under the care of any physician for any medical condition that would prevent me from participating in exercise. I hereby allow IWSM to take pictures of myself and/or my children and grant permission for these images to be used in IWSM publications, presentations, publicity or promotions.

Parental Signature _____ Date _____

210 W Hospital Drive * Hattiesburg, MS 39402 * 601-268-5010