



**LEXINGTON**  
Park District



# Kids Try-athlon

**Saturday July 16th 8:00 am**

## Date & Time

Saturday, July 16th  
**Registration Begins:** 7:30 am  
**Body Marking:** 7:45 am  
**Pre-race Meeting:** 7:55 am  
**Race Start:** 8:00 am

## Description

This event is for children ages 5 and up who want to experience a triathlon event in a fun non-competitive environment. All events are contained within the park. Helmets are required for bike.

## Registration

Registration begins at 7:30 am on race day. There is not a fee and pre-registration is not required. All participants will need to have body markings and be present for the prerace meeting. Contact Paul Peacock at ppeacock@lexington.k12.il.us for questions

## Distance

**Swim:** 50 yards (down and back in big pool)  
**Bike:** 1.3 miles around park *\*helmets required*  
**Run:** 400 yards (one lap around cinder track)

## Location

Race and walk will take place at the Lexington Park. Exit I-55 at Lexington and turn east. From stop sign at Old Route 66, go east on Main Street. Turn left on Pine Street. Take curve to Chatham Street. Turn left on Cherry Street. Registration is at the Pool Park shelter.

## Awards

All finishers receive an award. There will not be age or gender divisions.

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## Lexington Try-athlon Entry Form

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age on 7/16/16 \_\_\_\_\_  Boy  Girl

In consideration of my child being allowed to participate in the Lexington Kids Tryathlon sponsored by the Lexington Park District, I hereby release and hold harmless the City of Lexington and Lexington Park District, its employees, and volunteers from any claims of negligence including claims for injuries, accidents or loss of property in connection with my child's participation this event. This release is binding and applicable to myself, my child, my family, my heirs, my child's heirs and guardians and successors in interest.

I declare and certify that my child's physician has released and cleared my child to participate in the Lexington Kids Tryathlon and in the event that my child is injured or become ill and I am not available or unable to be reached within a reasonable period of time to secure medical treatment for my child, I hereby authorize the Lexington Park District staff to obtain medical treatment for my child including but not limited to emergency treatment and transport, selection of physician and other medical personnel necessary to treat my child and to take whatever medical action and treatment that is deemed necessary for my child and at my expense.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_