

# INDOOR TRIATHLON



to benefit the  
**Crisis Center for South Suburbia**

Sunday, March 12, 2017  
7am to 2pm  
Lincoln-Way West High School  
21701 S. Gougar Rd., New Lenox



\$35 Registration Fee  
All Proceeds Benefit the Crisis Center

## Become a Triathlete in One Hour!

Performance is measured by distance covered in each of three legs: 15 minute swim, 15 minute bike ride on an exercise bike, 15 minute run on a treadmill.

Transition times are fixed at 10 minutes between swim and bike, 5 minutes between bike and run.

Waves of 5 participants begin every 20 minutes.

For more information, contact Mark Moylan at (708) 429-MARK (6275), or email [mark.moylan.mkag@statefarm.com](mailto:mark.moylan.mkag@statefarm.com). Registration form and payment must be submitted by March 6th.

Visit [www.crisisctr.org](http://www.crisisctr.org) for more info!

The Crisis Center for South Suburbia is a non-profit community organization serving victims of domestic violence.



LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ Sex: M / F \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age on 3/12/17: \_\_\_\_\_  
TIME PREFERENCE: Morning Late Morning Afternoon

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

REGISTRATION FEE: \$35 - Make checks payable to Crisis Center for South Suburbia. Fee must be submitted with form. Mail form and payment to: Mark Moylan, 17659 Oak Park Avenue, Tinley Park, IL 60477. Deadline: 3/6/17

NO REFUNDS can be issued for any reason. REGISTRATION IS NOT TRANSFERABLE

WAIVER(REQUIRED): In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims of courses of action, I have or may have against the Crisis Center for South Suburbia, Lincoln-Way Community High School District 210, Frankfort Square Park District, Mark Moylan, their agents, employees, officers, directors, successors and assigns, and city and all sponsors, their representatives and successors, that may arise as a result of my participation in the Indoor Triathlon and any pre-and post-triathlon activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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