Name				Date			
				Bicycle Inspection			
		Yes	No		Yes	No	
Wheels	No bent rim			Handlebar			
No spokes loose or broke		1 1		Not loose Proper heigh	ıt		
	Don't wobble or rub						
*****No]	Training Wheels			Seat			
Tires	Correct Inflation	n		Not loose Proper heigh	ıt		
	No worn treac	1					
				Brakes			
Chain	not loose			Working Helmet			
				Fitting Properly			
				Par	ent Sig	nature	
			M	andatory Swim Check			
the following side stroke	e. My child is able t	o swin	ng: fre	swim 4 lengths of a 25 meter pool using one constyle (front crawl), breast stroke, back stroke, but agths comfortably with the above strokes. He/she lalon by the June 6th date.	terfly a	nd//or	
Swimming 1 2	g Proficiency Scale			Parent S	Signatu	re	
Beginning		nced					
			Ma	ndatory Running Check			
somewhere	•	ping. 1	My ch	run 6 laps around the Gilham track (approximate ild will train for the running portion of the triathlouth.	-		
				Pai	rent sig	nature	
All forms	are due by May 18	8th. Pl	lease i	nclude \$10 fee (Checks made out to Gilham Tri	athlon).	

Classroom Teacher	Grade
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12th Annual Gilham Triathlon Wednesday June 6th

Dear Students and Families;

The 12th annual Gilham Triathlon will be held Wednesday, June 6th, 2012. This optional event is for students in grades 3, 4, and 5. The Triathlon is made up of three events: swimming, biking, and running. Those who choose to participate must participate in all three events.

On the morning of June 6th, students will bring their bikes to school by 7:30. At approximately 8:10 the participants will leisurely bike to the Eugene Swim and Tennis Center (ESTC). Students will swim 4 lengths of the pool. As each swimmer finishes, they will quickly put clothes on over their swim suits, put on helmets, and bike approximately 1.5 miles back to Gilham. Participants will leave the East gate of ESTC, go north to the corner of Coburg Road and Crescent and cross with adult volunteers. From there they will ride East on Crescent to Gilham, then turn North on Gilham. At Honeywood, they will get on the sidewalk and ride to the Gilham Track. At the track they will run 6 laps (one mile).

Bicycle riding will occur both on school grounds and on the street; therefore, all activities are potentially dangerous. Participants must adhere to the bicycle rules and assume responsibility for their risk. There will be supervising adults along the bike route, but students must be cautious if a motor vehicle enters the bike route.

The triathlon is a continuous event with NO rest breaks. If your child has a mechanical problem with their bike, or is unable to continue, he/she will be transported to Gilham. We will use a stagger start for the swim portion of this event. Therefore, participants will finish at various times.

The cost to participate is \$10, which is due with all forms on Friday, May 18th, 2012. Forms need to be read carefully, filled out completely, and signed by the student and the parent/guardian in order to participate. **No late forms will be accepted!**

If you have any questions regarding this event, would like to volunteer, or provide a corporate sponsorship, please contact me!

Candace Lovato, 3rd Grade Teacher 541-790-6200 lovato c@4j.lane.edu

12th Annual Gilham Triathlon, Wednesday June 6th Participation Agreement

The student agrees to:

Practice all three events so she/he will be physically conditioned; Be at school with bicycle, helmet, swimsuit, and clothing by 7:30 a.m. on June 6th; Notify Ms. Lovato in advance of any changes in plans to participate; Wear a helmet that fits properly on the bike portion of the event; Exercise honesty, courtesy, and respect of all the rules.

Student Signature		Date			
	Sandwich Choice:	-		Veggie	
The parent/guardian a encourage the st	agrees to: cudent to practice events so	she/he will be	physically conditione		
check that helme check child's sw	ent's bike is in excellent wo te fits properly; from ability (see mandatory) inning ability (see mandatory)	swim check);	e mandatory blke che	ЭК);	
accept liability a accept responsib	and responsibility for studer pility for any negligent action and medical and/or emergen	nt's travel for thons on part of y			
with your student to be	this information thoroughly successful. Please be posited build be a fun, non-stressful	ive in encourag	-	_	
Parent/Guardian Signat	ure	I	Date		
Phone number	Alternate P	hone numbers			
Alternate Contact Name	e	I	Phone		
Hospital preference					
<u> </u>	medical condition, or takin yes no. If yes, please	_			
I am willing to h	nelp with the event. E-mail				
We would like t	o sponsor an athlete in need	l- an extra \$10	is included.		
We need an athl	etic scholarship.				

Classroom Teacher	Grade

12th Annual Gilham Triathlon Permission Form

WARNING: As with any adventure activity, there are significant elements of risk in the triathlon. These risks include, but are not limited to: slips, trips, arrested falls, falls to the ground, and other risks associated with the activities we plan to do with your child. Your child will be swimming in a private pool, bicycling on City of Eugene streets and running on the Gilham school track. A certified lifeguard will be on duty and parent volunteers will be along the bike route. As a result of these events, participants could encounter torn or strained muscles, fractures, cuts, scrapes, abrasions, bruises, permanent head and spinal injuries, or other injuries.

Please note: A triathlon volunteer will determine if any participant needs to stop the swim portion of the Triathlon. Your child may still continue with the bike and run portion to finish the Triathlon.

I acknowledge that these risks exist and understand that although every attempt will be made to minimize such risks, certain inherent risks will always be present in the Triathlon.

Assumption of Responsibility: I agree that my child is mentally and physically capable of participating in the Triathlon, and that proper training and physical conditioning is necessary. I assume responsibility for his/her actions and safety, and realize that his/her inappropriate actions may result in personal liability. I understand that my insurance carrier or I will be financially responsible for any injuries suffered or caused. My child agrees to follow all rules, procedures, and safety methods demonstrated. I understand that my child's privilege to participate in this activity may be revoked, suspended, altered, or modified if deemed necessary for his/her safety or the safety of other participants.

Medical Authorization: I hereby authorize any medical treatment deemed necessary for my child as a result of activities in or related to the Triathlon. I have relied on my individual judgment or assessment of the risks involved, and acknowledge there have been no representations or warranties by Lane County School District 4J (Eugene) or by any of its agents or employees. I acknowledge there is NO SCHOOL DISTRICT LIABILITY INSURANCE to protect me, or my child, should any accident occur.

Should anyone file any legal action against School District 4J, or any of its agents or employees, as a result of any injury my child may sustain as a result of, or related to, participation in this activity, I will indemnify and hold harmless School District 4J, its officers, agents, employees from any claim or liability of any kind, including attorney's fees.

This is a contract and shall be fully enforced by the Lane County School District 4J Eugene. I have read and understand the above. By signing this paper, I agree that if I, or my child, is injured during the activity and files a claim against the District, I would have to pay for any financial loss the district had on account of this claim.

Student Name/ Grade (print)	Parent/Guardian Name (print)
Classroom Teacher	Parent/Guardian Signature

All forms are due by May 18th. Please include \$10 fee (Checks made out to Gilham Triathlon).