

**Tuesdays**  
**July 8/15/22**  
**6:45PM**

# aquathon series

**Entry Fee:** \$10 per person per race (\$20/team)  
**Check-in:** 5:45-6:40pm (race day registration ok)  
**Location:** Doling Family Center (301 E. Talmage)  
**Course:** 350 yard swim in Doling outdoor pool (35 meter pool)  
1.25 mile run around Doling Park (asphalt/grass with some hills)  
**Schedule:** July 8: swim-run; July 15: run-swim; July 22: run-swim-run  
**Awards:** Top three in each age group will be recognized following the final race. Points accumulated at races determine series awards. Must complete minimum of 2 races to qualify for series awards. Ages 5+

**Register:** Fax form to 417-837-5904 or drop off at the Doling Family Center, 301 E. Talmage  
**Volunteer:** Volunteers are always welcome and appreciated. Contact us if you would like to assist.  
**Contact:** Erin Spencer, 837-5900 or [espencer@springfieldmo.gov](mailto:espencer@springfieldmo.gov)



Fax form to 417-837-5904 (fax) or mail to: Aquathon Series, Doling Family Center, 301 E Talmage, Springfield, MO 65803

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age as of 7/8/08 \_\_\_\_\_ Preferred Shirt Size (*not guaranteed*) \_\_\_\_\_ (please indicate YOUTH or ADULT size)

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age as of 7/8/08 \_\_\_\_\_ Preferred Shirt Size (*not guaranteed*) \_\_\_\_\_ (please indicate YOUTH or ADULT size)

How did you hear about this event? (circle one) Did it before | Online | From a friend | Park Bench | Other \_\_\_\_\_

**WAIVER:** My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities. I understand that adventure racing is an inherently dangerous activity and also state that I am properly trained for the event. I also give consent for the Springfield-Greene County Park Board to use photographs taken of me at this event for future marketing activities.

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

Parent/Guardian if under 18 \_\_\_\_\_

Teammate #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian if under 18 \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

**Fees** Individuals \$10 per race \_\_\_\_\_ July 8 \_\_\_\_\_ July 15 \_\_\_\_\_ July 22

Teams \$20 per race \_\_\_\_\_ July 8 \_\_\_\_\_ July 15 \_\_\_\_\_ July 22

Total Enclosed \_\_\_\_\_

**Payment Method (circle one):** Check | Cash | Credit Card - Charge to my **VISA** / **MasterCard** / **Discover** (circle one)

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature for Authorization (receipt will be mailed to you) \_\_\_\_\_

**Cancellation Policy:** 1. If you must cancel, please write/fax letter at least five (5) business days before the activity/rental start. Choose from these options: a) transfer to another activity/rental, or b) receive your money back (less a \$10 processing fee.). 2. Refunds take 2-3 weeks. 3. There will be a \$20 fee for all returned checks. **Severe Weather Policy:** Event will be held rain or shine. We will do everything we can to make this event run, but if severe weather forces us to cancel the event, we regret that no refunds will be issued.