



indoor tri

TRAINING CHALLENGE & TRIATHLON EVENT

COMMIT

8 Week Triathlon
Training Plan
Starts Jan 22, 2024

CHALLENGE

500 Meter Swim
13 Mile Cycle
5K Treadmill Run

CONQUER

Sunday
March 17, 2024
at HealthQuest

\$60 Member / \$75 Non-Member / \$100 Team (2-3)

INCLUDES: Training Plan, Swim Cap, Seminars, Other Workout Opportunities & Finisher's Medal

WHY NOT TRI?

SWIM

CYCLE

RUN

**TOP 3 MALE & FEMALE
FINISHERS WIN PRIZES!**

**REGISTER BY JAN 21
TRI KICK-OFF JAN 22
RACE DAY IS MAR 17**

Learn more at
hqfit.com/indoor-triathlon

FIRST 100 SIGN UPS GET A SWAG BAG!

2024 Registration Form



Once this form has been processed there will be no refunds.

Participant's Name: _____

Home Phone #: _____ **Cell Phone #:** _____

Email Address: _____ **(EMAIL MUST BE PROVIDED)**

Please rate your perceived skill level in each event:

Swimming:

- Beginner**
- Intermediate/Adv**

Cycling:

- Beginner**
- Intermediate/Adv**

Running:

- Beginner**
- Intermediate/Adv**

\$60 HQ Member **\$75 Non-Member*** **\$100 Team (2-3)**

Team Member #2 _____ **Team Member #3** _____

ONLY 1 TEAM MEMBER ALLOWED IN EACH LEG OF THE RACE. TEAMS NOT ELIGIBLE FOR PRIZES.

***Non-Members - Please ask Member Services to about our special "Tri" HQ - 8-Week Membership.**

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC. accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Participant's Signature: _____ **Date:** _____

Method of Payment
(PLEASE CIRCLE)

Cash Check Credit Card Member Charge (CC on File)

Account Number _____ **Expiration Date:** _____

Signature: _____ **Date:** _____