

IRONMAN CHALLENGE

INFORMATION

Swim, bike + run over 200 miles total in this 6-week, self-paced challenge. Get laps in our pool, spin on our bikes, run on our treadmills or outdoor trail or do it on your own! This is *your* challenge to log more miles than ever. Go where you like, when you can + track your own results.

ELIGIBILITY

Open to All UTHealth Students + Current Rec Center Members
10 Participant Minimum

ENTRY "FEE"

Includes: T-SHIRT for all finishers, tracking sheet, motivation & accountability to complete the challenge!
15 Non-Perishable Food Items — To be donated to the Houston Food Bank

DATES

March 25th—May 5th [6—Weeks]
Miles due every Monday by e-mail.

ACTIVITY	DISTANCE	WEEKLY AVERAGE
SWIM	8 MILES (1 MILES = 36 LAPS DOWN + BACK)	48 LAPS
BIKE	150 MILES	25 MILES
RUN	60 MILES	10 MILES

REGISTRATION

Enrollment is open from Monday, February 25th – Friday, March 22nd, 2019.

***To register, canned goods are not due. Make sure membership is current + submit Registration Form by:**

- (1) E-Mail to corey.jefferson@uth.tmc.edu
- (2) Fax to 713-500-8409—Attention: Corey Jefferson
- (3) At the Rec Center — Weekdays: 5:30AM—10PM, Saturday: 8AM—8PM + Sunday: 10AM—8PM

***Once minimum # is met, registered participants will be notified canned goods are due by end of the first week.**

QUESTIONS?



Contact Corey Jefferson

Wellness Coordinator

corey.jefferson@uth.tmc.edu or 713-500-8427

www.uth.edu/recreation-center

PARTICIPANT INFORMATION	
NAME	_____ MALE _____ FEMALE
E-MAIL	PHONE #
TMC INSTITUTION	DEPARTMENT/SCHOOL

ASSUMPTION OF RISK AND RELEASE WAIVER

I, _____, have volunteered to participate in the IRONMAN CHALLENGE activity at The University of Texas Health Science Center at Houston (UTHealth) Recreation Center. I realize that such exercise, in some circumstances, elicit certain complications such as abnormal blood pressure, dizziness or fainting, irregular heart rhythms and, in some instances, heart attack or stroke. I accept the risks associated with such exercise and understand that I may cease participation at any time and for any reason, including feelings of fatigue or any other discomfort or concern. I further understand that, in connection with participation in this activity, it is my responsibility to disclose all relevant information regarding my health status and any previous experiences of unusual responses, symptoms, complications or other issues due to physical effort. I also understand the importance of my promptly reporting any concerns or discomfort I may experience with effort during exercise. I hereby release and hold harmless UTHealth, The University of Texas System, and their regents, officers, employees and representatives from liability for injury or death or damage to property that may result from my participation in this activity. I have read this form and understand the procedures and risks involved and consent to participating in the IRONMAN CHALLENGE. Any questions I have regarding these procedures have been answered to my satisfaction. By signature below, I consent agree to all terms of this Informed Consent as set forth above.

PARTICIPANT'S SIGNATURE	DATE
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FRONT DESK STAFF DIRECTIONS

Verify current member, ensure Registration Form is complete & put in binder for WELLNESS. No CSI Program Registration + no canned goods due yet.