

ALASKA TRIATHLON CLUB
2008 WAIVER FORM
PLEASE READ, SIGN, AND DATE

In consideration of this membership in the ALASKA TRIATHLON CLUB, I hereby for myself, executors, heirs, and administrators, and for anyone else who might claim to sue on my behalf that it is my intent to take these actions. (a) I AGREE to abide by the competitive rules adopted by USA Triathlon, including Medical Control Rules as they may be amended from time to time, and I acknowledge that my participation may be revoked or suspended for violation of the competitive rules. (b) I AGREE that prior to participating in an event, I will inspect the race/training course, facilities, equipment, and areas to be used. If I believe they are unsafe I will immediately advise the person supervising the event, activity, facility or area, and I will choose not to participate in that event, facility, activity or area. (c) I waive, release, and discharge from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft of damage of any kind, including economics losses-which may future arise out of or relate to my participation in or traveling to or from an ALASKA TRIATHLON CLUB event. I waive any and all claims I may have for damages against the ALASKA TRIATHLON CLUB, organizers, directors, president, members, and all event and club sponsors, and individuals associated with the club or events or workouts in connection with the club. I acknowledge that a triathlon or a bisport / duathlon event or training in swimming, biking, running, cross training, strength training and/or any combination of such, is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss and damage. I HEREBY ASSUME THE RISKS INVOLVED IN TRAINING FOR SWIMMING, BIKING, RUNNING, CROSS TRAINING, STRENGTH TRAINING, AND/OR ANY COMBINATION OF SUCH. I certify that I am physically fit and have sufficiently trained for participation in these events and have not been advised against participation by a qualified health professional. I agree not to sue any of the above listed. I HEREBY AFFIRM THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

PRINT NAME OF PARTICIPANT OR MEMBER: _____

SIGN NAME: _____ DATE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ CONTACT# _____

SIGNATURE OF PARENT OR GUARDIAN IN CASE OF MINOR:

_____ DATE: _____