

Triathlon Event Athlete Release Form

Athlete Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Relationship

Release & Waiver of Liability

I, the undersigned, acknowledge and fully understand that participating in a triathlon event involves risks of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but from the actions, inactions or negligence of others, the rules of play, or the condition of the premises or equipment used.

- I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
- I hereby release, waive, discharge and covenant not to sue the event organizers, sponsors, participants, and associated personnel.

I have read the Release & Waiver of Liability and fully understand its terms.

Medical Information

Medical Conditions or Allergies

Current Medications

Signature

Signature

Date