

# Tugaloo Triathlon

September 13, 2003 8:00 am

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Male \_\_\_ Female \_\_\_ Clydesdale (male 200 - 224 lbs) \_\_\_ Athena (female 145+)  
\_\_\_ Clydesdale Plus (225+ )

Day Phone ( \_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_

T-shirt Size (circle one) M L XL

Estimated Swim Time \_\_\_\_\_ USAT Number \_\_\_\_\_  
(entries not received by 9/7/03 will not be seeded by estimated swim time)

## Additional Team/Relay Information

All team members must fill out a separate application & waiver  
All applications must be in the same envelope.

Team Name \_\_\_\_\_

Swimmer \_\_\_\_\_

Runner \_\_\_\_\_

Biker \_\_\_\_\_

### USAT MEMBER (Includes one-day membership)

\_\_\_ \$50 Postmarked by 9/3/03

\_\_\_ \$65 Postmarked after 9/3/03 (No race day registration!)

### NON-USAT MEMBER

\_\_\_ \$59 Postmarked by 9/3/03

\_\_\_ \$74 Postmarked after 9/3/03 (No race day registration!)

### RELAYS (All team members must be USAT members, or add \$7 per person)

\_\_\_ \$75 Postmarked by 9/3/03

\_\_\_ \$90 Postmarked after 9/3/03 (No race day registration!)

Amount Enclosed \_\_\_\_\_

Make checks payable to: Tri-Atlanta

Mail to: Tri-Atlanta, P.O. Box 5454, Atlanta, GA 31107 No refunds.

**WAIVER**

**Please read carefully before signing Acknowledgment, Waiver & Release from Liability (AWRL)**

I acknowledge that a triathlon or bisport/duathlon event 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. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS OR BISPORT/DUATHLON EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon ("USAT") in consideration for allowing me to become a member in USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that (a) is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my membership 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 course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facility 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, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from a USAT sanctioned event. THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTIES OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers. All such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of ft persons or entities mentioned above in paragraph (c) or of other persons or entities; e) I AGREE NOT TO SUE any of the persons or entities mentioned above in paragraph (c) for any of the claims, losses, or liabilities that I have waived, released or discharged herein; (f) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (c) from any claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to a USAT sanctioned event: and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Print Name \_\_\_\_\_

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

**PARENT/GUARDIAN WAIVER - FOR MINOR**

**For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.**

The undersigned, \_\_\_\_\_ (parent/guardian), the parent

and natural guardian of \_\_\_\_\_ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: Parent/Guardian must also sign AWRL above.

Parent/Guardian Signature \_\_\_\_\_

Relationship to Minor \_\_\_\_\_ Date \_\_\_\_\_