



ACKNOWLEDGMENT, WAIVER & RELEASE FROM LIABILITY (AWRL)

I HEREBY ASSUME THE RISKS OF VOLUNTEERING WITH THIS TRIATHLON. I acknowledge that my statements on this AWRL are being accepted by the Event and the various race organizers and administrators in permitting me to volunteer in the Event.

In consideration for allowing me to volunteer in the Event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind which arise out of, or relate to, my participation in or my traveling to and from the Event THE FOLLOWING PERSONS OR ENTITIES: BayCare Health System, Inc., St. Anthony's Health Care, event sponsors, race directors, event producers, volunteers, vendors, spectators, all states, cities, counties, or locations in which events or segments of events are held, and the officers, directors, employees, representatives or agents of any of the above; b) I AGREE that this AWRL is governed by the laws of the State of Florida; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and, d) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during the Event.

WAIVER RELEASE AND INDEMNIFICATION FORM

In consideration of the acceptance of my entry in the Event:

1. I hereby agree to comply with all the rules and regulations and instructions of the Event and its Directors.
2. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the Event and its related activities.
3. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or promotion of this Event.

I hereby affirm that I am eighteen (18) years of age or older, I have read this document and I understand its contents.

Printed Name _____ Signature _____

Date _____

I am under eighteen (18) years of age. My parent/guardian has READ AND COMPLETED the section below.

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing AWRL the following for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of _____ (minor's name) hereby executes 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 or 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 for 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 the 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 the Event. 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 in 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 form above.

Parent/Guardian Signature _____

Date _____