



MICHIGAN TRIATHLON CLUB OF NORTHERN MICHIGAN (MiTri) ACKNOWLEDGE, WAIVER AND RELEASE FROM LIABILITY (AWRL FORM)

I acknowledge that participation in triathlons, duathlons, and any multi-sport activities is an extreme test of physical and mental limits and carries a risk of death, serious injury, and property loss. I HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN MULTI-SPORT ACTIVITIES, including but not limited to triathlons and duathlons. I certify that I am physically fit, have trained adequately for participation in these events, and have not been advised otherwise by a qualified medical professional.

I understand that this AWRL form will be utilized by the Michigan Triathlon Club of Northern Michigan (MiTri), its sponsors, and organizers of all MiTri activities. These activities include, but are not limited to, workouts of varying intensities and social events affiliated with the club.

I, on behalf of myself, my executors, heirs, administrators, next of kin, successors, and assigns, hereby take the following actions:

A) WAIVE, RELEASE, DISCHARGE, AND AGREE NOT TO SUE MiTri, its officers, event sponsors, race directors, event producers, event volunteers, and all cities, counties, districts, and states in which said events may be staged, along with their officers, directors, employees, representatives, agents, and volunteers, for any and all liability arising from my death, disability, personal injury, property damage, property theft, or any other actions that may occur as a result of my participation in or travel to and from MiTri activities.

B) INDEMNIFY AND HOLD HARMLESS the aforementioned persons or entities from any and all liabilities or claims made by other individuals or entities as a result of my actions during MiTri activities or events.

I acknowledge that most MiTri activities are workouts or social gatherings without traffic control measures in place. I am responsible for knowing and adhering to all traffic laws while participating in, practicing for, or traveling to and from any MiTri event or activity.

In the event of injury, accident, or illness during any MiTri activity, I consent to receive appropriate medical treatment.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

NAME (print): _____

SIGNATURE: _____ DATE: _____

Emergency Contact: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE (if under 18 years of age): _____