

Race Number \_\_\_\_\_

# Black Diamond Triathlon

Name \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

E-mail (mandatory) \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ USAT # \_\_\_\_\_ \*\*

## ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that participation in the Black Diamond Triathlon will entail physical exercise and exertion and thereby have inherent risks. The risks include, but are not limited to, those caused by terrain, facilities, temperature, condition of athletes, equipment, travel, actions of other people including, but not limited to, participants, volunteers, coaches, facility staff, and event monitors, and/or producers of the event. I hereby assume all the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers in which I may participate and that it will govern my actions and the responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS Raise the Bar LLC, Washington State Parks and King County and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Event

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and /or illness during the event.

I understand that at this event or related events I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I further agree to return the timing Chip that is been issued to me or to pay a \$25 replacement charge.

I hereby certify that I have read this document; and, I understand its content.

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Day of Race Registration Fees (cash check credit card)

Super Sprint (\$95) \_\_\_\_\_ Sprint (\$95) \_\_\_\_\_ Olympic (\$95) \_\_\_\_\_

Sprint Relay \_\_\_ Olympic Relay \_\_\_ (\$53 per person) \*\* USAT (\$15 adult/\$10 kid) \_\_\_\_\_

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