

Manchester University Youth Triathlon

Assumption of Risk, Release of Liability and Indemnity Agreement

In consideration of, _____ (“Participant”), being permitted to participate in the 2019 Manchester University Youth Triathlon related events and activities, the undersigned agrees that **I, (or if under 18, we, as the parent and/or legal guardian of the Participant,) and on behalf of my (our) heirs, personal representatives, and assigns, agree not to sue and hereby release, waive discharge, hold harmless, indemnify and promise to defend Manchester University, the members of its Board of Trustees, its officers, employees and agents from any causes of action, claims or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by, or in connection with, Participant’s participation in any activities related to the Event, including travel incident thereto.**

I/we understand that the risk of serious injury from event activities does exist, including the potential for permanent disability and/or death. I/we understand and fully acknowledge that Participant’s participation in these activities is solely at their own risk and I/we assume full responsibility. I/we hereby further declare that Participant has had a recent physical exam and is physically able to participate in all Event activities.

In the case of an emergency, I/we authorize the Event staff to obtain whatever medical treatment s/he deems necessary for Participant’s welfare. I/we further understand and agree that I/we will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment.

By my signature below, I/we certify: that I/we have carefully read all of the provisions of this document; that I/we fully understand their significance; that I/we am voluntarily signing this release; and, that I/we intend to be fully bound by its express terms.

Date: _____, 20__

Participant’s Signature (Parent/Guardian if under 18): _____

Print Name of Parent/Guardian if under 18: _____

Manchester University Youth Triathlon

Emergency Information

Please Print

Participant's Last Name	First Name	Date of Birth
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Home Address	City	State	zip code
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If Participant under 18, Parents/Guardians Printed Names

Home Phone #	If under 18, Parent's Phone #	Emergency Cell Phone #
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Emergency Contact Person	Relationship	Phone #
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Family Physician	Address	Phone #
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Health Insurance Company Name	Group & Policy Numbers
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Health Insurance Company Phone #	Policy Holder
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With my signature below I verify that the information above is true and accurate to the best of my knowledge.

Participant's Signature (Parent/Guardian if under 18)	Date
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