

**ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)
SIGNATURE AND DATE REQUIRED**

I acknowledge that a triathlon, duathlon, or multi-sport 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, DUATHLONS, OR MULTI-SPORT 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 of 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 it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping 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; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event. THE FOLLOWING PERSONS OR ENTITIES: USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, 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 under these circumstances. 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, cold, 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 persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and I WAIVE all rights 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 THE ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY ON THE REVERSE, AND I UNDERSTAND ITS CONTENT.

PRINT NAME: _____ SIGNATURE _____ DATE _____
Parent/Guardian if under 18 Relationship to Minor _____

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 expenses incurred, claims made or liabilities accessed 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 and authorization for medical treatment. 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 the USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider 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 said minor and myself. I acknowledge that no warranty is being made as the result of any medical treatment.



OFFICIAL ENTRY FORM
HAMMERHEAD OLYMPIC/Sprint TRIATHLON
 Sunday, August 29, 2010 at Camp Blanding, Florida
 (<http://hammerheadolympictriathlon.com>)



Enter Early -- Field limited to 300 Olympic/200 Sprint

ABSOLUTELY NO REFUNDS FOR ANY REASON
PLEASE FILL OUT LEGIBLY AND COMPLETELY



USAT MEMBERSHIP # _____ EXPIRATION DATE ____/____/____
 (Must Show Card and ID at Packet Pickup)

SEX: M F **AGE** _____ (as of Dec 31, 2010) **BIRTHDATE** ____/____/____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **E-MAIL** _____

T-SHIRT SIZE: S M L XL XXL

PACKET PICKUP Check preference:

- Wednesday, August 25, 2010 - 4:30 - 7:00p.m. Brooks Family YMCA
- Camp Blanding, Sat., August 28, 2010 - 2-6:00 p.m.
- Race Day No Later than 6:30 am

RACE DIDSTANCE (check ONLY one) SPRINT OLYMPIC

DIVISION (check ONLY one):

- INDIVIDUAL (AGE GROUP) CLYDESDALE (MALE OVER 200 LBS)/ATHENA (FEMALE OVER 150 LBS)
 Before July 18 - Sprint - \$75/ Olympic \$85 After July 18 - Sprint \$85/ Olympic \$95
- UNIFORM/MILITARY Registration Sprint \$75/Olympic \$85 (no late fee)
- TEAM** (Olympic Only) Before July 18 -\$170, After July 18 - \$190,

Team Name: _____ **Team Member Names:** _____

** Each team member must complete and sign an entry form. Please submit all forms together.

→ → → ATHLETES MUST SIGN THE WAIVER ON THE REVERSE SIDE OF THIS ENTRY FORM → → →

**PLEASE COMPLETE THE FOLLOWING,
 AND ENCLOSE A CHECK MADE PAYABLE TO: HammerHead Triathlon Club**

ENTRY FEE (see fee schedule by date postmarked)	\$ _____
USAT One Day MEMBERSHIP Required for non-USAT members (\$10.00) (Must Fill out form at Packet Pickup) or apply on-line at www.usatriathlon.org for annual membership	\$ _____
TOTAL ENTRY FEE AND USAT MEMBERSHIP FEES	\$ _____
Please mail all entries/checks to: HammerHead Triathlon Club, 301 First Street, Neptune Beach, FL. 32266	