

Emery County Recreation Programs

San Rafael Classic Triathlon

Please print clearly and fill form out completely

Participant Name _____ Phone # _____

Physician's Name _____ Phone # _____

Waiver

I acknowledge that this athletic 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. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of athlete's equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating 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 *Emery County Recreation District* and *Emery County* and the event of holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. 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 assign as allows: (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 event, **THE FOLLOWING ENTITIES OR PERSONS: *Emery County Recreation District* and *Emery County*** and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event 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 any of my actions during this event.

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

IF UNDER 18 - PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parents of legal guardian.

AUTHORIZATION FOR MEDICAL TREATMENT

This release will authorize Emery and Green River Medical Center, Castleview Hospital, and the Emery County Ambulance Service to provide medical treatment in the event of an accident or illness while participating in the recreation programs of the Emery County Recreation District. I understand that these services are provided on a fee basis.

**THIS WAIVER PERTAINS TO ALL EMERY COUNTY RECREATION DISTRICT ACTIVITIES FROM NOV. 1, 2009 - DEC. 31, 2010
I HAVE CAREFULLY READ THE ABOVE STATEMENTS**

Self/Parent/Guardian (print): _____

Signature: _____ Date: ____/____/____