

2005 VALLEY OF THE SUN TRIATHLON
ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE
SIGNING ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a triathlon 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 THE VALLEY OF THE SUN TRIATHLON. 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 my statements on this AWRL are being accepted by the Valley of the Sun Triathlon Association in consideration for allowing me to participate in the Valley of the Sun Triathlon and are being relied upon by the Valley of the Sun Triathlon Association and the various race sponsors, organizers and administrators in permitting me to participate in the Valley of the Sun Triathlon.

In consideration for allowing me to participate in the Valley of the Sun Triathlon, I hereby take the following action for myself, my executors, administrator, heirs, next of kin, successors and assigns: a) I AGREE to abide by the Competitive Rules adopted by the Valley of the Sun Triathlon, including the Medical Control Rules, as they may be amended from time to time; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the Valley of the Sun Triathlon event, THE FOLLOWING PERSONS OR ENTITIES; The Valley of the Sun Triathlon Association, event sponsors, race directors, event producers, volunteers, all states, cities, counties or localities in which events or segments of events are held, and the officers, directors, employees, representatives and agents of any of the above; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and d) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during the Valley of the Sun Triathlon.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Individual/Swimmer name (print) _____ Signature _____ Date _____

Cyclist name (print) _____ Signature _____ Date _____

Runner name (print) _____ Signature _____ Date _____

I am under eighteen (18) years. My parent/guardian has read and completed the section below. PLEASE FILL OUT ADDITIONAL SECTION BELOW. If applicant is under eighteen (18) years of age, a parent or guardian must execute, in addition to the foregoing AWRL, the following, and _____ on behalf of the minor.

The Undersigned, _____ (parent/guardian) the parent and natural or legal guardian of _____ (minor's name) hereby executes the foregoing AWRL for an on behalf of the minor named herein. 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 claims made or liability assessed 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.

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 the Valley of the Sun Triathlon. I authorize any such Medical Provider to perform all procedures deemed medically advisable 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 myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: Parent/Guardian must also sign AWRL above.**

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP TO MINOR _____ Date _____

PLEASE COMPLETE FORM. PLEASE PRINT

TYPE OF ENTRY (Check One) Individual (non USAT) at \$59.00 Individual (USAT) at \$50.00

Relay Team at \$90.00 base, plus \$9 per non USAT team member Team Name _____

E-MAIL ADDRESS: _____

INDIVIDUAL: M F 18 & Under 19-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60+

RELAYS: MEN WOMEN MIXED

INDIVIDUAL/SWIMMER: LAST NAME _____ FIRST NAME _____ USAT?

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ RACE DAY AGE _____ DAY PHONE _____

CYCLIST: LAST NAME _____ FIRST NAME _____ USAT?

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ RACE DAY AGE _____ DAY PHONE _____

RUNNER: LAST NAME _____ FIRST NAME _____ USAT?

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ RACE DAY AGE _____ DAY PHONE _____

**SEND THIS ENTIRE COMPLETED PAGE WITH CHECK(S) OR MONEY ORDER TO;
 VALLEY OF THE SUN TRIATHLON PO BOX 515 SELAH, WA 98942**

**PRE-REGISTRATION DEADLINE: JULY 3, 2005. ENTRIES RECEIVED AFTER JULY 3, 2005 WILL BE
 SUBJECT TO A \$5.00 LATE FEE. NO RACE DAY REGISTRATION. NO REFUNDS AFTER JUNE 30, 2005**

**FOR MORE INFORMATION CALL: 509/965-4942
 EMAIL: YAKIMATRIATHLON@CHARTER.NET
 WEBSITE: WWW.YAKIMATRIATHLON.COM**