

INDOOR TRIATHLON 2024 ENTRY FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GENDER: _____ AGE: _____ DOB: _____

CIRCLE SHIRT SIZE: S M L XL XXL (unisex sizes)

Long Sleeve Adult Shirt (Register by January 12th to guarantee shirt)

CIRCLE PAYMENT OPTION:

Registration Fee.....\$40

Same Day Registration (until 5pm) Fee.....\$45

TOTAL.....\$ _____

Waiver

I will read and comply with all YMCA rules and regulations, note existing weather conditions, and voluntarily agree to assume all risks arising from participating in the Indoor Triathlon. I acknowledge, agree and represent that I understand the nature and rigors of, and the risk involved in participation in the Indoor Triathlon. I understand it is an extreme sport and may involve risk and dangers of serious bodily injuries, including scrapes, bruises, insect bites, stings, broken bones, sprains and neurological risk. In consideration of your acceptance of my entry, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, hold harmless and release and forever discharge the Ralph J. Stolle Countryside YMCA, their members, agents, sponsors and any other officials whatsoever arising from my participation in the Indoor Triathlon. I attest that I am physically fit and have sufficiently trained for this activity and do so grant the sponsors such release as described herein.

I also waive and release my photograph or likeness for any reason or purpose. I have acknowledged that I have read and understand all the above.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING,

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Ralph J. Stolle Countryside YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. There are no refunds and there is no rain date. I give my permission to the Countryside YMCA to use any pictures, video footage, etc., that is taken at the event to use in further promotional materials.

I attest and verify that my child is physically fit and understand the risks for this event and has trained adequately. I have NOTED ANY MEDICAL CONDITIONS ON A SEPARATE PIECE OF PAPER.

Indoor Triathlon Participant

I hereby certify that I am the adult participant or parent of named participant above, and do give my consent without reservation to the foregoing and agree to hold harmless the aforementioned from any liability.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Note: If under 18 years of age, a legal guardian must sign above in presence of the YMCA staff, or must be notarized.