

PMC KIDS TRI RELEASE AND INDEMNITY WAIVER FORM

Please fill out all forms and return to kidstri@peninuslamultisports.com BY FRI JUN 8.

PMC KIDS TRI RELEASE AND INDEMNITY WAIVER FORM

Note: This waiver, or an equivalent, whether in hardcopy or electronic, must be used. If this waiver is not used, Triathlon BC, its representatives and agents *must* be released from any and all liability.

PLEASE READ CAREFULLY

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Triathlon BC (Triathlon BC) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Triathlon BC representatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my bicycle. I realise that I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

The responsibility for sports safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport, either while traveling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned / approved by Triathlon BC, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that signing of this document is intended that on behalf of myself and my child, I assume the shared responsibility and acknowledge the risk of injury by so participating.

In witness thereof, I have hereunder set my hand this Day _____ of, _____, 2018

Print Name

Signature

Signature of Parent/Guardian if Under 19 years of age

Witness Name

Witness Signature

TRI BC One Event Membership Application



ONE EVENT MEMBERSHIP APPLICATION

(includes non-member participation in for-profit, non-competitive events)

Please complete and return **one form for each participant**. To ensure coverage, completed forms, together with payment, must be returned to Triathlon BC within seven days of an event.

EVENT INFORMATION (PLEASE PRINT)

Name of Event: _____ Location: _____
Date(s) of Event: _____
Name of Organizer: _____

DAY MEMBER INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Alternate Phone: _____
Email: _____
Birth Date (yy/mm/dd): _____ Gender: **MALE** **FEMALE**
Age as of December 31: _____

RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless Triathlon British Columbia representatives and agents for any injury, loss or damage to my person or property, howsoever caused, arising out of any connection with taking part in Triathlon British Columbia organized events and activities and notwithstanding that the same may have been contributed to or associated with the negligence of Triathlon British Columbia representatives or agents.

In witness thereof, I have hereunder set my hands this day _____ of _____, 20_____.

Printed Name: _____ Signature: _____

Name of Parent / Guardian: _____

(If under 19 years of age)

Signature of Parent / Guardian: _____

Witness Name: _____ Signature: _____

PMC KIDS TRI Medical and Information Form

PARTICIPANT INFORMATION			
Name:		Date of Birth	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N	What:	Medications: <input type="checkbox"/> Y <input type="checkbox"/> N	What:
Address:			
Postal Code:		City:	

EMERGENCY CONTACTS	
Name:	Relationship to participant
First Phone Number:	Secondary Phone Number:
Name:	Relationship to Participant:
First Phone Number:	Secondary Phone Number:

CHILDS HISTORY AND INFORMATION	
Please indicate <i>YES</i> or <i>NO</i> to all of the following questions. If yes, please provide details.	
Any Medical Conditions: <input type="checkbox"/> Y <input type="checkbox"/> N	Details:

Any Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Do they require Medication? <input type="checkbox"/> Y <input type="checkbox"/> N	Details:
Any Medication: <input type="checkbox"/> Y <input type="checkbox"/> N	Details (including type/dosage/timing):
Location any Medication will be kept:	
Any limitations that may prevent them from participating in activities: <input type="checkbox"/> Y <input type="checkbox"/> N	
Swimming Experience and Level: <input type="checkbox"/> Never Swam <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Highest Level Completed:	
Any information you think that may be useful to the coaches/leaders to improve your child's experience? (Behaviour strategies, fears etc.)	