



Whitehorse Kids' Triathlon

Saturday June 12, 2021 starts at 9:30am

TO FINALIZE YOUR REGISTRATION PLEASE RETURN THIS WAIVER EITHER:

In person at the CGC Front Desk or by
EMAIL: KIDSTRI@WHITEHORSE.CA

Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity

WARNING: Please read carefully – by signing this form you are waiving certain legal rights including the right to sue

Name of Participant(s)

Date

Event: Whitehorse Kids' Triathlon Saturday June 12, 2021

I acknowledge that there are risks associated with participation in any physical training, exercise, sports, adventure or activity program. I have informed myself and my child and understand the risks associated with participation in this Event and (where applicable) my use of the facilities, including the risk of personal injury and freely accept these risks.

In consideration of the permission granted to me (or for the named participant if the named participant is under 19 years of age).

1. I hereby release and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, volunteers and agents or representatives of and from all claims and legal actions arising from personal injury or property damage or loss which I may have or suffer as a result of my participation in the Event.

I have no physical or medical condition that would endanger myself or others if I participate in the Event, or would interfere with my ability to safely participate in the Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with the Event. I understand and acknowledge that there may be vehicle or pedestrian traffic on the course route, and I assume the risk or running, biking, swimming and/or other portions of this Event and participating under these circumstances. I also assume any and all other risks associated with participating in this Event, including but not limited to the following: falls, dangers of collisions with vehicles, pedestrians, other participants, and fixed objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment; and hazard that may be posed by spectators or volunteers; and weather conditions.

2. I hereby consent to receive medical care and treatment that may be deemed advisable in the event of injury, accident or illness to me while participating in the Event by a medical director or any of its agents, employees, volunteers, affiliates and designees, a physician and/or hospital. If necessary, I authorize the Event organizer, employees, volunteers, sponsors, affiliates and designees to consent to such medical care



We are looking for VOLUNTEERS

If you are interested, please email us at volunteer@whitehorse.ca



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and treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power to render care which the above-mentioned may deem advisable in the exercise of their best judgment. I agree to be responsible and assume liability for any and all costs incurred as a result of my participation in the Event, not covered by my insurance, including but not limited to, medical care and treatment, ambulance services, hospital stays, and physician and pharmaceutical goods and services. I agree to indemnify and hold harmless the released parties from all liability for such costs.

- 3. I agree to read and abide by the race rules set out by the City of Whitehorse.
- 4. I shall indemnify, and forever hold harmless, The Corporation of the City of Whitehorse, its elected and appointed officials, employees, supporters, sponsors, volunteers, agents, and all other persons or entities involved with the Event from any and all liability for any damage to property or personal injury suffered by any third party resulting from my participation in the Event.
- 5. This release and waiver is binding upon me, my heirs, next of kin, executors, administrators, successors, assigns and representatives in the event of my mental or physical incapacity, personal injury or death.

Medical Conditions (asthma, allergies, etc.):

Support person for 5 year old participants

Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

_____ Parent Signature or Guardian if under 19 years of age	Date Signed _____ 20 ____
_____ Witness – please print	_____ Witness Signature

Staff Initials: _____



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