

Emergency Contact Form & Waiver

www.joykidtriathlon.com



This information is maintained on file during the event in case an incident occurs requiring a participant to receive emergency medical treatment.

Print Your Name

Birthdate

Age

Print Your Emergency Contacts Name

Relation

Phone Number

Print Your Doctors Name

Phone Number

Health Insurance Provider/Group Name

Phone Number

ACKNOWLEDGEMENT

I acknowledge and assume all risks associated with this event including, without limitation, falls, bike crashes, animal bites, food poisoning, accidental needle sticks, effects of weather, including heat & humidity, rain, traffic, road and ground conditions. I have read and fully understand the waiver and in consideration of the acceptance of my entry, for myself, my spectators, and anyone legally acting on my behalf, I waive and release the Joy Kid Triathlon, LLC, its directors, volunteers, employees, officers, agents, successors and assigns, and all sponsors, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event. Further, I grant full permission to JK sponsors to use my photographs, videos, and other types of recordings of me in advertising, trade, or any commercial, private or public purpose in legitimate accounts and for promotions of this event. I waive the right to inspect versions of my image for publications or the written copy used in connection with the images.

Signature

Date

Parent/Guardian Signature required if participant is under 18 years of age

Parent/Guardian Name (PRINT)

Date

Parent/Guardian Signature

Date

Last Name

First Name

Age

Athlete #