



RELEASE OF LIABILITY



If athlete is a minor, signature required of Parent or Legal Guardian.
Initial each paragraph.

I understand and am aware that the sport of triathlon including but not limited to the activities of running, biking, swimming in a pool or open body of water, strength training, flexibility, and any other related activity is potentially hazardous. I understand these activities involve risk of injury and I hereby agree to expressly assume and accept all risks of injury or death.

_____ Initial

In consideration of being allowed to participate in the activities, programs and direction of DanaTrains LLC/dtKids and/or use of its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge DanaTrains LLC/dtKids and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others active on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of DanaTrains LLC/dtKids or the use of any equipment provided by DanaTrains LLC/dtKids, its officers, agents, employees, representatives, executors, and/or sponsors.

_____ Initial

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any activity mentioned above or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

_____ Initial

Printed Name of Athlete: _____

Signature of Athlete/Guardian: _____
(if athlete is a minor, signature of Parent or Legal Guardian required)

Date: _____