

**PIKES PEAK TRIATHLON CLUB  
WAIVER AND RELEASE FROM LIABILITY (AWRL)**

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. SIMILARLY, I ASSUME THE RISKS OF PARTICIPATING IN TRAINING SESSIONS, BUSINESS MEETINGS, SOCIAL EVENTS OR ANY OTHER ACTIVITY SPONSORED BY THE PIKES PEAK TRIATHLON CLUB (P2TC) AND USA TRIATHLON (USAT). I certify that I am physically fit, have sufficiently trained for this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by P2TC and USAT in consideration for allowing me to become a member of P2TC and/or USAT and are being relied upon by P2TC and USAT and various event sponsors, organizers and administrators in permitting me to participate in any P2TC or USAT sanctioned event.

I waive, release, and discharge from any and all claims, losses, or liabilities for death, personal injury, permanent and partial disability, property damage, medical and hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from a P2TC or USAT sanctioned event, the FOLLOWING PERSONS OR ENTITIES: P2TC, USAT, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, COUNTIES, CITIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACT OR OMISSIONS OF ANY OTHER PERSON OR ENTITY. I ACKNOWLEDGE THAT THERE MAY BE TRAFFIC OR PERSONS ON THE COURSE ROUTE, AND I ASSUME THE RISK OF RUNNING, BIKING OR SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY P2TC AND/OR USAT. I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in P2TC and USAT sanctioned events, including but not limited to falls, contact and/or effects with other swimmers or boats, and any hazard that may be posed by spectators, officials, other participants, or volunteers. I further acknowledge that these risks include risks that may be the result of negligence of the persons or entities mentioned above, or of other persons or entities.

I AGREE NOT TO SUE any of the persons or entities mentioned above for any or the claims, losses, or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons and entities mentioned above from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions; (ii) the actions or inactions or negligence of others, including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) USAT Competitive Rules and any additional rules imposed by P2TC; or (v) any other harm caused by an occurrence related to a P2TC or USAT sanctioned event. I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a P2TC or USAT sanctioned event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ P2TC CLUB MEMBER? YES \_\_\_\_\_ NO \_\_\_\_\_

**PIKES PEAK TRIATHLON CLUB RENEWAL  
APPLICATION**

Please return the completed renewal application with payment to:

Pikes Peak Triathlon Club  
PO Box 2455  
Colorado Springs, CO 80901

MEMBERSHIP NUMBER(S):

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NAME(S):

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STREET ADDRESS:

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CITY, STATE, ZIP:

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EMAIL ADDRESS(ES):

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TELEPHONE NUMBER(S):

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PAYMENT (please circle):

\$25 single

\$35 family