

WAIVER AGREEMENT

I know that a Triathlon is a potentially hazardous activity. I should not participate in a Triathlon unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race course. I hereby certify that I am in good health and I have trained to swim, run and bike the distance of the race, which I am entering. I assume all risks associated with swimming, running and biking in this event including, but not limited to: contact with other participants, the effects of weather, including high heat and/ or humidity, traffic and conditions of the road and immediate terrain, all such risk being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry into this Triathlon race, I for myself and anyone entitled to act on my behalf waive and release the event venue, and SBR.ph organization (SBRPH SPORTS. INC.), event organizers, agents, volunteers, resort employees, all barangays, municipalities, cities, countries and or government bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event to any legitimate purpose.

I understand that participants who are not confident in a Triathlon are not allowed in the event and I will abide by this guideline. I authorize any healthcare provider to release any and all information pertaining to my health care, medical condition and medical treatment as a result of my participation in this Triathlon event to event organizers and staff.

NAME OF EVENT: TRIMAN TRIATHLON / SEPTEMBER 22, 2024 / FONTANA CLARK, PAMPANGA

Print Name: _____

Signature: _____

Age: Date of Birth: _____

(Parent or legal guardian for persons under 18 years old of age)

Name of Guardian: _____ Signature: _____ Relationship

to Participant: _____ Date Signed: _____

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