

# Waiver and Release of Liability

## Hamilton College HamTrek Sprint Triathlon

I acknowledge that participation in the Hamilton College HamTrek Sprint Triathlon contains inherent risks, including, but not limited to personal injury, death or property damage.

As such, I, \_\_\_\_\_, participate in the HamTrek Sprint Triathlon and related activities at my own risk and agree to hold The Trustees of Hamilton College, its employees and agents harmless for personal injury, death or damage to property that occurs while participating in the HamTrek Sprint Triathlon except that which can be shown as negligence on the part of the College or its representatives.

I understand that the HamTrek Sprint Triathlon will be physically demanding. I recognize the inherent risk of injury or disability in this activity. I understand that I assume the risk of any and all physical injury that could result. I affirm that my health is good and that I am not under a physician's care for any medical condition which would prohibit my participation in this event.

I verify that I have personal medical insurance coverage. I understand and acknowledge that I am financially responsible for any injuries that arise from my participation in the HamTrek Spring Triathlon. In case of a medical emergency, I grant permission to be treated by a qualified Hamilton College staff member, EMT or physician. I also grant Hamilton College personnel the right to authorize medical care if my emergency contact(s) cannot be reached immediately.

In addition, I will not use any non-prescribed drugs or alcohol while participating in the HamTrek Sprint Triathlon. I acknowledge that use of non-prescribed drugs or alcohol immediately before or during the event will result in my immediate elimination from the event. I acknowledge that Hamilton College HamTrek Sprint Triathlon personnel have the right to exclude any and all participants who exhibit any indication of use of non-prescribed drugs or alcohol.

### **To contact in case of emergency:**

**At least one emergency contact person must be provided in order to participate in the HamTrek Sprint Triathlon.**

	<u>Parent/Guardian</u>	<u>Parent/Guardian</u>	<u>Relative/Friend</u>
Name:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____

I acknowledge my responsibilities as stated above and will accept dismissal from the Hamilton College HamTrek Sprint Triathlon at any time if found to be in violation of any of the aforementioned responsibilities.

I acknowledge that I have read this **WAIVER AND RELEASE OF LIABILITY** and thoroughly understand all the terms and conditions contained herein.

Participant Signature \_\_\_\_\_

Print Participant Name \_\_\_\_\_

Participant Phone Number \_\_\_\_\_