



**2010 Squamish Youth Triathlon
Medical Questionnaire and Liability Waiver**



**ATHLETES AND PARENT OR GUARDIAN MUST COMPLETE AND SIGN THE
MEDICAL QUESTIONNAIRE AND WAIVER FORM BELOW.**

Participant Name: _____ Health Care #: _____
 Emergency Contact Name: _____ Phone: (____) _____
 Family Doctor: _____ Phone: (____) _____

MEDICAL QUESTIONNAIRE

The following information is needed by the Squamish Youth Triathlon staff in the event of accident or illness during the race. If you answer "Yes" to any of the following questions, please provide details in the space provided. Attach an additional sheet if necessary.

1. Does your child have any current medical problems for which she is being treated? Yes No _____
2. Is your child on any medication? Yes No _____
3. Is your child allergic to any medication / foods? Yes No _____
4. Is your child hypersensitive to insect stings? Yes No _____
5. Do you wish Squamish Youth Triathlon personnel to be aware of any specific medical problem? Yes No _____

6. Has your child ever received medical treatment for hypothermia? Yes No For hyperthermia? Yes No _____

7. Has your child ever had to drop out of a race for medical reasons or receive medical care during or after an event?
 Yes No _____

ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE FROM LIABILITY

In consideration of the acceptance of my child's entry in the Squamish Youth Triathlon:

1. I acknowledge that participation in the sport of triathlon might result in personal injury to the entrant due to the endurance nature of the sport and the inherent physical risks associated with swimming, biking, and running, especially on public roads. I accept these risks. I agree to my child participating and have instructed my child of the risks involved and to be safety conscious.
2. I agree that my child will comply with all the rules and event instructions of the Squamish Youth Triathlon and its directors.
3. For myself, my executors, administrators, heirs, next of kin, successors and assigns, I agree to hold harmless and keep indemnified the Squamish Youth Triathlon organizing committee, their officials, directors, members, volunteers, employees, agents, Triathlon BC, the District of Squamish, the Squamish Pirates, the Squamish Titans, and various other corporate community sponsors, and participating organizations and their executors, administrators, heirs, successors, and assigns ("the Releasees") from any and all liability for any loss, damage, expense or injury including death that my child may suffer as a result of his/her participating in the Squamish Youth Triathlon or his or her presence at the Squamish Youth Triathlon due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the occupiers liability act, r.s.b.c. 1996 c. 337 on the part of the releasees, and including the failure on the part of the releasees to safeguard or protect my child from the risks, danger and hazards associated with the Squamish Youth Triathlon.
4. I acknowledge that my child and I are responsible for my child's personal possessions and athletic equipment during the Squamish Youth Triathlon and its related activities.
5. I consent to my child receiving medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Squamish Youth Triathlon.
6. I grant full permission to any and all of the foregoing to use my child's photographs, videotapes, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature of Parent or Guardian

Signature of Witness

Printed Name of Parent or Guardian

Printed Name of Witness

Address of Parent or Guardian

Date