



**PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE MEDICAL QUESTIONNAIRE AND THE WAIVER FORM**

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. Has your child ever received medical treatment for hypothermia?   | Yes | No |
| For hyperthermia?  | Yes | No |
| 6. 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 |
| 7. Do you wish Squamish Youth Triathlon personnel to be aware of any specific medical problem?                         | Yes | No |

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Witness

**ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE FROM LIABILITY PLEASE READ CAREFULLY**

In consideration of the acceptance of my child’s entry in the Squamish Youth Triathlon 2019:

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, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Triathlon BC (Triathlon BC) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Triathlon BC representatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my child’s bicycle. I realize that my child may be subject to unannounced drug testing as provided for by Triathlon Canada’s agreement with the Canadian Centre for Ethics in Sport.
  
3. I agree that my child will comply with all the rules and event instructions of the Squamish Youth Triathlon and its directors. The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child’s participation in sport, either while traveling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned / approved by Triathlon BC, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that signing of this document is intended that on behalf of myself and/or my child, I assume the shared responsibility and acknowledge the risk of injury by so participating.
  
4. 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.
  
5. 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.
  
6. 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.
  
7. 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Witness