

## Acknowledgement, Waiver and Release from Liability

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL).

Prior to engaging in any training programs provided by Adam Hodges and Alp Fitness/Alp Multisport, I ACKNOWLEDGE that training for and/or participating in swimming, bicycling, running, triathlon, duathlon or any endurance or multisport event is an extreme test of a person's physical and mental limits, and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME, WITH FULL UNDERSTANDING, ALL RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH TRAINING AND EVENTS.

I ATTEST that I am in good health and that my physical condition has been verified by a licensed medical doctor.

I ACCEPT for myself, my heirs, and my personal representatives full responsibility for personal bodily injury, death, property loss or damages of any kind arising out of or related to my training for or participation in a swimming, bicycling, running, triathlon, duathlon or multisport event.

I WAIVE, RELEASE AND DISCHARGE Adam Hodges, Alp Fitness/Alp Multisport, its employees, coaches, consultants and any agents for the above from any and all claims, costs, or liabilities for personal bodily injury, death, property loss or damages of any kind arising out of or related to my training for or participation in a swimming, bicycling, running, triathlon, duathlon or multisport event.

I AGREE NOT TO SUE any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein.

I INDEMNIFY, DEFEND AND HOLD HARMLESS the persons or entities mentioned above from any loss, liability, damage, and cost I may incur due to my participation in this program.

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

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.*

The undersigned \_\_\_\_\_ (parent/guardian) the parent and natural guardian of \_\_\_\_\_ (minor's name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any training or event supervised by the persons or entities mentioned in the foregoing AWRL. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

NOTE: Parent/guardian must also sign the AWRL above.