



## TriToHelp

### WAIVER FORM

Read this document before signing. Its effect is to release the Sponsors, Healthtrax Fitness & Wellness, Stroup Kids For Kids Epilepsy Foundation and Tri To Help™ from any liability resulting from your participation in the below named activity.

#### *Release from Responsibility, Assumptions of Risk & Waiver*

In consideration of my being permitted to participate in the following activity:

Indoor Triathlon For Epilepsy: Tri To Help™

I, (print name) \_\_\_\_\_, am exercising my own free choice to participate voluntarily in the above named activity, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless Healthtrax Fitness & Wellness (referred to as "Host Club") , Stroup Kids For Kids Epilepsy Foundation and Tri To Help™ , their members, officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns (referred to as the "Sponsors") for any and all of the aforementioned persons, and entities, against all claims, demand and causes of action whatsoever, either in law or in equity, relating to injury, disability, death, or other harm, to persons or property of both, arising from my participation in and/or at the above listed activity. I understand the disclosure of information is strictly limited to the Stroup Kids For Kids Epilepsy Foundation and Host Club. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, videos or any other recording of this event for legitimate purpose.

I acknowledge that I have been informed of hazards and risks which may be associated with the participation in the above mentioned activity, I understand, accept and assume those hazards and risks, and waive all claims against the Sponsors, Host Club, Stroup Kids For Kids Epilepsy Foundation and Tri To Help™. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above named activity.

After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility.

Read and acknowledge this \_\_\_\_\_ day of \_\_\_\_\_ 2009.

Signature of Person Whose name Appears Above:

\_\_\_\_\_  
(signature)

If participant is under the age of 18, his/her parent or legal guardian ("parent") must also sign. I have read and understand the provisions of this document, and I consent the participant participating in the activity described above, and fully enter into and agree to the Release from Responsibility.

\_\_\_\_\_  
(signature of Parent)