



2009 Santa Barbara Triathlon Parent-Child Sprint Division

Registration Package

The legal guardians of the child participating in the Parent-Child division fill out the following and sign where appropriate the attached pages.

- 2009 Parent-Child Team Application
- 2009 Waiver & Release of Liability – Signed by parent
- 2009 Waiver & Release of Liability – Signed for child by legal guardian
- Minor Medical Consent Form

These signed forms must be mailed to us before you can pick up your race packet. Please do not forget!

Thank you!

Please mail to:

**Santa Barbara Triathlon
PO Box 215
Santa Barbara, CA 93102**



2009 Santa Barbara Triathlon Parent-Child Team Application

Page 1 of 1

Ref#

internal use only

1 Tell us about the parent

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Country: _____

Sex: [M] [F] DoB: ____/____/____ USAT#: _____ Not a USAT member?
Then include a one-day USAT fee below.

Email: _____

Day Phone: (____)____-____ Club Affiliation (if applicable): _____

T-Shirt Size (circle only one): Men's [M] [L] [X] or Women's [S] [M] [L] [X]

Please understand the size shirt you indicate will be what we purchase for you. You will NOT be able to trade it for another size, unless there is a surplus left over after the event.

2 Tell us about the child

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Country: _____

Sex: [M] [F] DoB: ____/____/____ USAT#: _____ Not a USAT member?
Then include a one-day USAT fee below.

T-Shirt Size (circle only one): Men's [M] [L] [X] or Womens [S] [M] [L] [X]

Please understand the size shirt you indicate will be what we purchase for you. You will NOT be able to trade it for another size, unless there is a surplus left over after the event.

3 Emergency Contact (Someone who is not participating)

Contact Name: _____

Phone: (____)____-____

Relationship: _____

Are you a cancer survivor?

Yes
 No.

Multiple Event Discount: If you are participating in more than one event then you must submit a separate application and "Waiver Agreement" for each. There is a \$20 discount for participating in two events.

USA Triathlon: The Santa Barbara Triathlon is a USA Triathlon Sanctioned Event. As such each participant is required to be a member of USA Triathlon or to purchase a single-day membership in order to participate. The required single-day membership provides, among other benefits, a secondary medical policy for the member in case of injury during the event. For detailed information about this coverage visit www.usatriathlon.org.

NO EVENT DAY REGISTRATION!

Make check payable to:
"Santa Barbara Triathlon"

Refund Policy:
No cash refunds. See our website for transfer options and refund information.

5 Do The Math

Event Amount	\$ _____	Before June 1, 2009 - \$150 On or after June 1, 2009 - \$160
USA Triathlon One-day fees	+\$ _____	See "USA Triathlon" Note. Adult \$10 Youth (17 & under) \$5
Club Discount	-\$ _____	Write your club code: _____
Multi-Event Discount	-\$ _____	\$20 off your 2nd entry if you are racing 2 events
Race Photo (optional)	+\$ _____	PhotoCrazy is offering a full size digital image for only \$12.
TOTAL	= \$ _____	

6 Sign Waiver

A signed "Waiver Agreement" (page 2) for each individual participant or team member must accompany this application. Otherwise your application(s) will not be processed.

7 Mail

Send application, signed waiver, and payment to:

Santa Barbara Triathlon
PO Box 215
Santa Barbara, CA
93102-0215

Check the confirmation list on the website in a week to assure your application was processed.

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of USA Triathlon ("USAT") allowing me to participate in any USAT sanctioned event (the "Event" or "Events") as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Organizers and Promoters, Race Directors, Sponsors, Advertisers, the State of California, its officers and employees, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("**Liability**") which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

PRINTED NAME OF PARTICIPANT: _____ AGE: _____ DATE OF BIRTH: ____/____/____

X _____
PARTICIPANT'S SIGNATURE

_____/_____/_____
DATE

As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement in connection with the minor's participation in the Event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

X _____
PARENT/GUARDIAN SIGNATURE (required if participant is under the age of 18)

_____/_____/_____
DATE

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1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure to extreme conditions and circumstances; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
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I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

PRINTED NAME OF PARTICIPANT: _____ AGE: _____ DATE OF BIRTH: ____/____/____

X _____
PARTICIPANT'S SIGNATURE

_____/_____/_____
DATE

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X _____
PARENT/GUARDIAN SIGNATURE (required if participant is under the age of 18)

_____/_____/_____
DATE

MINOR – MEDICAL CONSENT FORM

This form is to be completed by parent(s) or guardian.

Student's/Minor's Name: _____ Age _____ Sex _____

Date of Birth: Month: _____ Day _____ Year _____ Grade _____

Father

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Day. Phone: (____) _____

Eve. Phone: (____) _____

Mother

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Day. Phone: (____) _____

Eve. Phone: (____) _____

PERSONS TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED

Name: _____

Address: _____

City, State, Zip: _____

Day. Phone: (____) _____

Eve. Phone: (____) _____

Name: _____

Address: _____

City, State, Zip: _____

Day. Phone: (____) _____

Eve. Phone: (____) _____

HEALTH INSURANCE CARRIER:

Ins. Co. Name: _____

Address: _____

City, State, Zip: _____

Insured Person: _____

Address: _____

City, State, Zip: _____

Permission to vaccinate or inoculate, if necessary: _____ Yes _____ No
(Please discuss your decision with your child)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parent(s) of _____, a minor, do hereby authorize the Santa Barbara Triathlon, as agents of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnoses or treatment is rendered a the race sight by the said physician or at a hospital. This authorization also applies to dental care under a duly licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective and until revoked in writing and delivered to said agent(s).

_____/_____/_____
Date Signature of parents or person having legal custody

Modified Jan-2009