

Tri Horizons LLC

Swim/Bike/Run Athlete Waiver

I acknowledge that swimming, biking and running are a test of a person’s physical and mental limits and pose risk of serious bodily injury. With full understanding of these risks, I HEREBY ASSUME ALL RISK OF PARTICIPATION IN THE SWIM, BIKE AND/OR RUN WORKOUTS with Tri Horizons for the season of 2025.

M. Bridget Sherratt of Tri Horizons has offered to conduct these workouts to assist me with my triathlon fitness, and as part of my overall training plan. I have voluntarily signed up for these workouts with complete understanding of the risks involved.

I hereby attest that I am in good health and my participation in physical fitness has been verified by a medical doctor.

I agree that I will not hold M. Bridget Sherratt or Tri Horizons LLC responsible for any injury, accident, medical condition, property damage or death that might result from the triathlon related workouts. I am doing this voluntarily and am aware of any inherent risks of triathlon training.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_