

Triathlon Camp Participation Waiver and Release of Liability

Participant Name: _____

Date of Birth: _____ Email: _____

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in the Triathlon Training Camp hosted by Contender Wellness / Lauren Helton, and any associated staff, coaches, or partners.

Assumption of Risk:

I acknowledge that participating in triathlon-related training, including swimming, biking, running, strength training, and other physical activities, carries inherent risks. These may include but are not limited to: dehydration, injury, illness, accidents, falls, collisions, exposure to heat/cold, or death.

I voluntarily accept and assume full responsibility for all such risks, known and unknown, even if arising from the negligence of the event organizers, instructors, or others involved in the Camp.

Medical Declaration:

I affirm that I am in good health and physically able to participate in this program. I understand it is my responsibility to consult a physician before beginning any exercise program or participating in this Camp. I will notify the organizers of any medical conditions, medications, or limitations that may affect my participation.

In the event of an emergency, I authorize the Camp staff to secure medical treatment deemed necessary for my well-being.

Waiver and Release of Liability:

Triathlon Camp Participation Waiver and Release of Liability

In consideration of my participation, I hereby waive, release, discharge, and hold harmless Contender Wellness, Incite Wellness, Lauren Helton, co-coaches, event staff, volunteers, sponsors, and any facilities used, from any and all claims, demands, damages, liabilities, or causes of action arising out of or connected with my participation in the Camp, whether arising from negligence or otherwise, to the fullest extent permitted by law.

This release includes, but is not limited to, claims for personal injury, property damage, or wrongful death.

Photo & Media Release (Optional):

☐ I give permission for photos/videos of me taken during the Camp to be used for promotional and educational purposes by the organizers.

☐ I do NOT give permission.

Acknowledgment:

I have read this document carefully and understand that by signing below, I am waiving certain legal rights. I certify that I am at least 18 years of age (or that a parent/legal guardian will sign on behalf of a minor participant).

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____