

**COWICHAN CHALLENGE TRIATHLON CLINIC**  
**Sunday May 5th 8:00 to 12:00 (approx)**  
**Fuller Lake Park, Chemainus**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Level of Experience:      Newbie      Beginner      Some      Intermediate  
(Circle One)  
Areas you wish to work on: \_\_\_\_\_

CLINIC FEE:      \$20 CASH      \$20 CHEQUE Made out to Ceevacs  
(Circle One)

**RELEASE WAIVER AND INDEMNITY**  
**PLEASE READ CAREFULLY**

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I acknowledge that I am solely responsible for my own medical wellbeing. I undertake to have available my medication and medical information when and if I have a medical event requiring attention. "Event" shall include, but is not limited to, all activities, events or services in any way provided, organized, sponsored or authorized by the Event Organizers. On my own behalf, I agree that (a) I will abide by any decision of an event official concerning my ability to safely participate; (b) I will assume any and all risks associated with the Event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions; (c) I hereby consent to, permit, and accept responsibility for emergency treatment in the event of injury or illness. As a condition of entering this Event, I waive and release The Ceevacs Roadrunners Club, and any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers ("Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this Event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss. I grant permission to Event Organizers to use or authorize others to use our personal information, including but not limited to, any photographs, images or documentation of our participation in this Event or related activities without remuneration being provided to us. I represent and warrant that I am over nineteen (19) years of age.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed form to: [cowichallenge@shaw.ca](mailto:cowichallenge@shaw.ca) or **email intent to register**  
and mail form to: Cowichan Challenge, #201-671 Trunk Rd. Duncan, BC, V9L 2R3  
Payments in cash or cheque may be made on day of Clinic.