



LIABILITY RELEASE FORM

I, _____, hereby affirm that I have been well advised and thoroughly informed of the inherent danger of the sport of TRIATHLON. By signing this release, I acknowledge that I am cognizant of the basic risk and danger of this activity and that it is my intention to voluntarily assume such risk and danger.

In consideration of participating in this activity, I hereby release Urbana University and its agents and employees from any liability arising from and occurrence in connection with this activity which results in injury, death, or other damage to me or my family, heirs, or assigns. I also hereby personally assume all risks in connection with this activity, for any harm, injury, or damage which may befall me while participating in the activity, including all risks connected herewith, whether foreseen or unforeseen. Further, I agree to save and hold harmless Urbana University and its agents and employees from claim by me or my family, estate, heirs, or assigns which arise out of my participation in this activity.

I am eighteen (18) years of age or older and legally competent to sign this Affirmation and Release, or in the event that I have not attained the age of eighteen (18) , I have acquired written consent of my parents or legal guardians. I understand that the terms stated in this Release are contractual and are not merely recitals; I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF CONCERNING THE RISKS AND DANGERS INHERENT IN THE FOREGOING ACTIVITY AND WITH THE CONTENTS OF THIS AFFIRMATION AND RELEASE BEFORE SIGNING IT.

ACTIVITY: URBANA UNIVERSITY BLUE KNIGHTS TRIATHLON DATE: SUNDAY, MAY 19, 2013

Participant's Name: _____ Date of Birth: _____

Participant's Home Address: _____

Emergency Contact Info (Name, Relation, Cell#): _____

Participant's Signature: _____

Parent/Legal Guardian (if under 18): _____