



CLIENT INFORMATION

Full Legal Name (+ preferred name): _____

Parents first and last Name: (for minor) _____

Age: _____ Birthdate: _____

USA Triathlon Membership number: (if available): _____

USA Cycling Membership number (if available): _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Home Phone: _____

E-mail address: _____

Medical Conditions? _____

(use 2nd sheet of paper if further detail required)

The section below is a physical activity readiness questionnaire. Please read the questions carefully and answer each one honestly. Check either yes or no.

YES

NO

Has your doctor ever said that you have a heart condition and/or that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem, (for example: back, knee, or hip) that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

*I have read, understood, and completed this questionnaire completely and honestly.
Any questions I had were answered to my full satisfaction.*

Athlete: _____

(Printed Name)

(Signature)

(Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent: _____

(Printed Name)

(Signature)

(Date)



Code of Conduct

I pledge to uphold the spirit of this Athlete Code of Conduct which offers a general guide to my conduct as a member of the PEAK Multisport Team.

I will act in a sportsman like manner. I will treat my teammates, competitors, parents, coach, children and race officials with respect, dignity, and appreciation. I will provide support through positive language and gestures. I will engage in no form of discriminatory behavior including physical or verbal abuse.

I will always give my maximum effort at each practice and race.

I will use appropriate language and avoid using profanity.

I will always compete within the rules of my national governing body. If I am not able to compete within the rules of my national governing body, I will voluntarily alert an official or disqualify myself.

I will respond to both success and failure with dignity, respect, and a perspective of learning from each experience.

I will not use illegal substances or performance enhancing drugs.

I will not abuse Alcohol or Tobacco

By Signing this Code of Conduct, I agree to abide by the policies above. I understand that failure to abide by these policies could result in immediate expulsion from the team.

Athlete:

(Printed Name) *(Signature)* *(Date)*

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name) *(Signature)* *(Date)*



PEAK Multisport Release of Liability

I understand and am aware that the sport of triathlon including but not limited to the activities of running, bicycling, swimming in a pool or open body of water, strength training, flexibility, and any other related activity is potentially hazardous. I understand these activities involve risk of injury and even death. I am voluntarily participating in these activities with the knowledge of the dangers involved and I hereby agree to expressly assume and accept all risks of injury or death.

initial _____

In consideration of being allowed to participate in the activities, programs and direction of PEAK Multisport LLC and/or use of it's facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge PEAK Multisport LLC and it's officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of PEAK Multisport LLC or the use of any equipment provided by PEAK Multisport LLC.

initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any activity mentioned above or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise / fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Athlete:

(Printed Name)

(Signature)

(Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name)

(Signature)

(Date)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Club Name: **PEAK Multisport**

Printed Name of Participant: _____

Participants Signature: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Signature indicates you have read and agree to this release

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date: _____

Media Consent Form

PEAK Multisport LLC

- this form is optional and not required -

I, (client name) _____ allow PEAK Multisport LLC, it's officers, agents, employees, representatives, executors, and all others to use my likeness (photographs) and my personal information pertinent to fitness training and coaching such as but not limited to weight loss, muscle gain, fitness improvements, race results, body fat composition and lean body weight for the purpose of advertising via print, internet, TV, radio or verbal communication. I hereby discharge PEAK Multisport LLC, it's officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries, damages, physical harm, or any unlawful action resulting from use of this information. I do also hereby release all of those mentioned and any others acting on their behalf, or in any way arising out of or connected with PEAK Multisport LLC from any responsibility or liability as mentioned above.

Athlete:

(Printed Name) (Signature) (Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name) (Signature) (Date)