River Swim Waiver- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that an open-water swim is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. **I HEREBY ASSUME THE RISKS OF TRAINING FOR PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS.** I certify that I am physically fit and have not been advised against participation by a qualified health professional. I acknowledge that my statements on the AWRL are being accepted by Anthony Accardo and BCTC in consideration for allowing me to become a member. I further acknowledge that my statements on the AWRL are relied upon by Anthony Accardo and BCTC in permitting me to participate in any training for participating in triathlons, duathlons, or multi- sport events, irrespective of whether such training is on an individualized one-on-one basis or part of a group activity organized or sponsored by Anthony Accardo and/or BCTC.

In consideration for allowing me to become a member in BCTC and/or to participate in any individualized or group training for triathlons, duathlons, or multi-sport events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I release and discharge Anthony Accardo and BCTC from and waive any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from any individualized or group training; (b) I acknowledge that that there may be traffic or persons on the route used for training sessions, and I assume the risk of running, bicycling, swimming or participating in any individualized or group training organized, sponsored or conducted by Anthony Accardo and/or BCTC and its officers;

(c) I assume any and all other risks associated with participating in any individualized or group training sponsored, organized or conducted by Anthony Accardo and/or BCTC & its officers, including but not limited to falls, contact and/or effects with other participants if applicable, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or other individuals not participating in the individualized or group training event, all such risks being known and appreciated by me; (d) I agree not to sue Anthony Accardo and BCTC & its officers for any of the claims, losses, or liabilities that I have waived released, or discharged herein; (e) I indemnify and hold harmless Anthony Accardo and BCTC from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others, (iii) the conditions of the facilities equipment or areas where the training activity is being conducted.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

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PRINT NAME SIGNATURE DATE   
**For persons under 18 years of age, a parent or legal guardian must sign the preceding AWRL and complete the following section:**

The undersigned (parent/guardian) the parent and natural guardian of (minor’s name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (“Medical Provider”) to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: Parent/Guardian must also sign AWRL above.**

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PARENT/GUARDIAN SIGNATURE RELATIONSHIP TO MINOR DATE

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