



## Triathlon Training Consent and Release of Liability

**Description of Event:** The Children's Hospital and Health System Inc. ("Children's Wisconsin") Triathlon Training Program, "Team Survivors," is designed to encourage and assist cancer survivors to regain physical fitness, endurance, strength and flexibility after cancer treatment by training for a sprint triathlon. Participants of the training program attend team practices twice a week for 12 weeks. At each team practice, participants will work on building their endurance and strength by walking, running, bicycling or swimming. Practices may include, subject to availability, the following: a medical provider, triathlon coordinators, and volunteers. Additionally, alumni of the triathlon training program (kids that completed the triathlon program in past year(s)) may attend practices to mentor the current team, offer support, and provide more social interaction between participants. A parent of the participant must be present during each practice. Parents may opt to walk or run with their child during the training session. Upon completion of the training program, participants may opt to sign-up for the Tosa Youth Triathlon, which is an event not sponsored by Children's Wisconsin.

**Location/Date:** Training will take place on dates to be determined and locations tentatively include the following:

- Swim practices: Wauwatosa East High School - 7500 Milwaukee Ave., Wauwatosa, WI 53213
- Bike/Run practices: Greenfield Park - 2028 S. 124th St., West Allis, WI 53227
- Tosa Youth Triathlon Race (optional): Hoyt Park - 1800 N. Swan Blvd., Wauwatosa, WI 53226

**Transportation:** Participants to provide own transportation.

**Photographs/Recordings:** Photographs and/or recordings of participants may be taken and used by Children's Wisconsin. All rights therein are and shall remain the property of Children's Wisconsin, its successors and assigns. Children's Wisconsin may use photographs and/or recordings of participants, without compensation, in any and all forms now or hereafter known (print, website, social media, etc.). Children's Wisconsin is not responsible for photographs and/or recordings taken by others.

**Medical Clearance:** It is the participant/parent's responsibility to discuss participation in the training program with the participant's health care provider and to ensure that the participant is medically appropriate to participate in this training program.

**RELEASE OF LIABILITY:** In consideration of my (or my child's) participation in the event listed above, to the fullest extent permitted by law, I (and my child, if I am signing as parent or legal guardian) release Children's Wisconsin and its affiliated entities, and their respective employees, volunteers, officers, directors and agents (collectively, "Children's") from any liability or claim for loss, injury or illness that I (or my child) may sustain during my (or my child's) participation in this event. I understand that this release applies to myself (or my child) and my (or my child's) personal representatives, heirs and assigns, and that this release excludes any harm or loss caused intentionally or recklessly by Children's. I recognize that risks of these activities may include but are not limited to, muscle, bone, joint or other injury, heart attack and death. I (or my child) also waive the right I (or my child) have to bargain for different release of liability terms.

**I have read this information. I am legally able to consent for myself or my child. I hereby give my permission for my or my child's participation under the terms stated above.**

Signature: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Adult Participant, Parent or Legal Guardian

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_