

Tri 4 Schools Training Team Registration Form

Participant Name _____ Date of Birth _____ Gender _____

School _____ Grade _____ Race/Ethnicity _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Emergency Contact Name _____ Emergency Contact Phone _____

Medical Concerns _____

Email _____

Tri 4 Schools sends all race related communication via email. Please provide a valid email address to receive these messages.

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| Payment (Please include payment. Checks can be made payable to Tri 4 Schools): <input type="checkbox"/> Full registration fee, \$150 <input type="checkbox"/> Partial fee: _____ <input type="checkbox"/> Minimum fee, \$10 | Practice Dismissal Plan: <input type="checkbox"/> Picked up by a parent/guardian <input type="checkbox"/> Return to an on-site after school program <input type="checkbox"/> Walk or bike home unattended |
| T-shirt size: YXS YS YM YL AS AM AL AXL | |

| Equipment and Event Information | | |
|---|--|----|
| | YES | NO |
| Does your child need to borrow a bike? | | |
| Does your child need to borrow a helmet? | | |
| Is this your child's first Tri 4 Schools triathlon? | | |
| In some cases, Tri 4 Schools can help with equipment such as swimming suits or running shoes and apparel. List any other equipment needs for your child here, including sizes. Your coaches will follow up with you if we can help: | | |
| Which distance will your child complete at the triathlon (select one): <input type="checkbox"/> SHORT (25 yd swim; 0.45 mile bike; 0.08 mile run) <input type="checkbox"/> INTERMEDIATE (25 yd swim; 2.1 mile bike; 0.6 mile run) <input type="checkbox"/> MEDIUM (50 yd swim; 2.1 mile bike; 0.6 mile run)* <input type="checkbox"/> LONG (100 yd swim; 4.3-mile bike; 1.1 mile run)* <input type="checkbox"/> At-Home Course: (Complete your race wherever and whenever you want) <i>*Flotation devices are not allowed in the Medium or Long courses</i> | Select a swim wave: <input type="checkbox"/> WAVE 1 (Advanced swimmer, can swim freestyle independently) <input type="checkbox"/> WAVE 2 (Intermediate swimmer; knows basic strokes, can float, can put face into water for a few second) <input type="checkbox"/> WAVE 3 (Novice swimmer; can paddle and kick, might need a floatation device to swim) | |

Behavior Policy: Every participant is expected to behave in a respectful manner towards their coaches and teammates. Threatening behavior and bullying will not be tolerated. Tri 4 Schools reserves the right to suspend participation for any child who exhibits this type of behavior. Parents/guardians are also expected to act in accordance with this policy

TRI 4 SCHOOLS, INC., PROGRAM REGISTRATION AGREEMENT AND LIABILITY WAIVER

1. **Authority to Register and/or to Act as Agent.** You represent and warrant to Tri 4 Schools, Inc. that you have full legal authority to complete this program registration on behalf of yourself and/or any party you are registering (the "Registered Parties"), including full authority to make use of the credit or debit card to which registration fees will be charged. As used in this Agreement and Waiver, Tri 4 Schools refers to Tri 4 Schools, Inc., a Wisconsin not for profit corporation and any and all subsidiaries, affiliated entities, or entities that control or are controlled by Tri 4 Schools, Inc., singly or together and its officers, coaches, employees, contractors, subcontractors and agents.

If you are registering a child under the age of 18 or an incapacitated adult, you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on that party's behalf and by proceeding with this program registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child's information which you provide for the purposes of registration.

2. **Health.** By signing this Agreement and Waiver, you acknowledge and understand the nature of the program in which the Registered Parties will participate, specifically, an ongoing athletic instructional and training program, and represent that the Registered Party is qualified, in good health, and in proper physical condition to participate in such program and have not been advised otherwise by a qualified medical person.

3. **Communicable Disease.** By signing this Agreement and Waiver, you understand that there are risks to exposure to the Registered Parties directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Tri 4 Schools may put in place preventative measures to reduce the spread of COVID-19 as described in any and all guidelines available on Tri 4 Schools' website or posted at its events, that you agree that the Registered Parties will abide by. You understand that Tri 4 Schools cannot guarantee that its employees, volunteers, other participants, sponsors, advertisers, or others in attendance will not become infected with COVID-19.

The Registered Party(ies) agrees to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact Tri 4 Schools if they experiences symptoms of COVID-19 within 14 days after participating at an event with Tri 4 Schools.

4. **Program Nature.** You understand that the program for which you are registering is intended to be instructional in nature and that no guarantee is made by Tri 4 Schools as to the success of the program. You acknowledge that the program will be group-based instruction and will not allow for substantial individual instruction for the Registered Party. Participation in the program does not assure improvement or success. You acknowledge that Tri 4 Schools cannot guarantee that an adult trained in CPR will be present at all program sessions.

5. **Waiver.** YOU UNDERSTAND THAT PARTICIPATION IN THE PROGRAM IS POTENTIALLY HAZARDOUS AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT PORTIONS OF THE PROGRAM MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE PROGRAM AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY. SUCH RISKS MAY RANGE FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH.

YOU UNDERSTAND AND AGREE THAT, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE PROGRAM, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OR BRING ANY ACTION AGAINST TRI 4 SCHOOLS FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE PROGRAM BY YOU OR ANY REGISTERED PARTY.

YOU UNDERSTAND THAT THIS WAIVER INCLUDES ALL CLAIMS, WHETHER CAUSED BY NEGLIGENCE, THE ACTION OR INACTION TO TRI 4 SCHOOLS, OR OTHERWISE. THIS RELEASE AND WAIVER SHALL APPLY TO MY OWN CLAIMS AND/OR CLAIMS OF THIRD PARTIES, RELATING TO MY PARTICIPATION IN THE ACTIVITY, TO THE EXTENT ALLOWABLE BY LAW.

5. **Applicable Law.** The statutes and laws of the State of Wisconsin, without regard to the conflict of laws principles thereof, will apply to all matters relating to this program registration, this Agreement and Waiver.

6. **Severability.** You further expressly agree that this Agreement and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any provision of this Agreement and Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and Waiver and shall not affect the validity and enforceability of any remaining provisions.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE OR BRING ANY LEGAL ACTION AGAINST TRI 4 SCHOOLS. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND YOU INTEND THIS AGREEMENT AND WAIVER TO BE, BY YOUR ACCEPTANCE, A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

* ____ [CHECK HERE INDICATING THAT YOU HAVE READ AND UNDERSTAND THIS PARAGRAPH] I HAVE CONSIDERED THAT IF THIS WAIVER AND AGREEMENT WERE NOT AS BROAD AS IT IS, THE COST FOR MY PARTICIPATION IN THIS PROGRAM WOULD BE CONSIDERABLY HIGHER, AND AS I DO NOT WANT TO PAY A HIGHER COST, I WAIVE THE RIGHT TO BARGAIN FOR DIFFERENT WAIVER OF LIABILITY TERMS.

Date: _____ Print Name of Participant: _____

Signature of Participant or Parent/Guardian (if client under 18)

Print Name of Person Signing if a Parent/Guardian

TRI 4 SCHOOLS, INC., TRANSPORTATION RIDER

I intend to utilize transportation offered by Tri 4 Schools, Inc. (“T4S”) I understand that in exchange for such transportation, T4S requires that all participants enter into this Transportation Rider and that, without the assurances provided for herein, T4S would not be willing to offer transportation services to any participants.

I hereby waive any and all right I may have against T4S for costs, expenses, losses, or damages, including, without limitation, incidental losses and damages, resulting from my utilization of the transportation services provided by T4S. I hereby agree to discharge, hold harmless, defend and indemnify T4S from and against any and all claims, costs, damages, and expenses T4S may incur as a result of my utilization of the transportation services provided. I acknowledge that all transportation services are provided by a third party company hired or contracted with by T4S and that T4S has no ownership or control over such third party.

Date: _____ Print Name of Participant: _____

Signature of Participant or Parent/Guardian (if client under 18)

Print Name of Person Signing if a Parent/Guardian

TRI 4 SCHOOLS, INC., PHOTO RELEASE

_____ By initialing here, I understand that at this event or related activities, I may be photographed, recorded, videotaped or have my likeness captured in some other manner. I hereby authorize and grant Tri 4 Schools, its subsidiaries, and affiliated entities, full permission to utilize any and all such representations for any legitimate purpose.

Date: _____ Print Name of Participant: _____

Signature of Participant or Parent/Guardian (if client under 18)

Print Name of Person Signing if a Parent/Guardian