

**ACKNOWLEDGEMENT, WAIVER INDEMNITY FORM  
SUB-JUNIOR/JUNIOR AND SENIOR NATIONAL TRIATHLON/AQUATHLON  
CHAMPIONSHIP 2009, INDORE, M.P**

READ CAREFULLY BEFORE SIGNING AND POTENTIAL CLAIMS BASED UPON NEGLIGENCE OR OTHER CLAIMED MISCONDUCT (MISCONDUCT HEREINAFTER KNOWN AS "AWLR").

1. I acknowledge a triathlon, Aquathlon and/or multi-sport event 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. The risks include, but are not limited to, pollution, temperature, currents and waves. Weather, condition of athletes' equipment, vehicle traffic, actions of participants, volunteers, spectators and/or producers of the event, and lack of hydration. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE Sub-Junior/ Junior and Senior National Triathlon/Aquathlon Championship 2009.
2. I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.
3. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:-
  - A. WAIVER, RELEASE AND DISCHARGE from any and all liability for my death, disability, personal injury, property damage, property theft or action of any kind which may hereinafter occur to me as a result of my participation in this event or y traveling to and from this event THE FOLLOWING PERSONS OR ENTITIES: Championship Organising Committee, event sponsors, event producers, race directors, event volunteers, all cities, countries, districts and / or states in which said event may be staged or which segments of said event may be run, and their (its) respective Officers, directors, employees, representatives, agents and volunteers.
  - B. INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result or any of my actions during the Sub-junior / Junior and Senior National Triathlon/Aquathlon Championship 2009.
4. I hereby consent to receive medical treatment which may be deemed advisable in any event of injury, accident and/or illness during the Sub-Junior/Junior and Senior National Triathlon/Aquathlon Championship 2009.



# INDIAN TRIATHLON FEDERATION

## AGE CERTIFICATE

Affix  
Photograph

Name of the pupil : \_\_\_\_\_

(In Block Letters)

Name of Institution : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Home Address : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

(to be entered by the school as per the admission Register)

Date of Joining in the School : \_\_\_\_\_

Admission No & Class : \_\_\_\_\_

Identification Marks 1) \_\_\_\_\_

2) \_\_\_\_\_

### **CERTIFICATE BY THE HEAD OF THE INSTITUTION**

I Certify that the candidate is a regular and a bonafide student of this institution as per the admission register and other Records of the institution.

Signature of the Ed Teacher  
Physical Director

Signature of the Head of  
the institution  
(With Seal)

### **CERTIFICATE BY THE PARENT / GUARDIAN**

I have no objection to permit Master / Miss. \_\_\_\_\_  
To attend the State and National Tournaments.

Signature of the Pupil

Signature of the parent / Guardian.