



WAIVER FORM - RELAY TEAM

All Teams must submit one signed waiver form signed by all team members prior to racing.

Completed waivers may be dropped off at:

Timms Community Centre @ 20339 Douglas Crescent or Email: recreation@langleycity.ca

TEAM INFORMATION

TEAM NAME _____

CONTACT NAME

PHONE NUMBER

EMAIL ADDRESS

MEMBER 1

Name

Age on race
day

Birthdate

Gender

MEMBER 2

Name

Age on race
day

Birthdate

Gender

MEMBER 3

Name

Age on race

Birthdate

Gender

RELEASE & WAIVER

The undersigned in consideration of being permitted to participate in the City of Langley's 18th Annual TRI-IT Triathlon hereby releases and forever discharges the City of Langley, the race sponsors, the race volunteers, and all employees and agents from any liability for accident, injury or damage to persons or property however caused arising out of or in connection with my participating in the City of Langley's TRI-IT Triathlon. This release and indemnity shall apply even if injury or damage may have been contributed to or caused by the negligence of the above named groups and their agents from all and any damages caused by me as a result of my participation in the City of Langley's TRI-IT Triathlon.

Signature of Member 1 _____

Date: _____

Signature of Member 2 _____

Date: _____

Signature of Member 3 _____

Date: _____

Teams may be comprised of 2 or 3 members.

Each member will complete at least one portion of the race. Team members must be 15 years or older.

All team members must sign the Waiver Form



PHOTO CONSENT WAIVER AND RELEASE AGREEMENT

This document will affect your legal rights and ability to claim. Please read it carefully before signing.

I hereby grant permission to the City of Langley to use my photographic likeness in any and all of its exhibits, publications, all forms and media for advertising, trade and for any other lawful purposes. I also understand that if my photographic likeness is accessed on the City of Langley website, the photograph can be downloaded by any computer user. I further ACKNOWLEDGE and AGREE that the City of Langley has no control over the use and reproduction of my photograph by any such person and that I will not put forth any claims against the City of Langley in that regard.

I hereby grant permission to the City of Langley to use my photographic likeness in any exhibit or City of Langley publication such as marketing and public relations material, newsletters, brochures, view books, promotional items, published reports, the Word Wide Web and for any other lawful purposes, without further consideration.

Personal contact information will be treated as confidential, subject to any statutory requirements or lawful orders or directives, unless you consent in writing to a further request for its release.

Participant's Name	Signature	Email
(member 1)		
(member 2)		
(member 3)		

(For City of Langley Office Use Only)

Activity/Event & Location: 2018 TRI- IT Triathlon

Photo Description (of person): (Bib #) _____

Photographer Name: _____ Phone Number: _____

Photo Title or Number: -----

Location in (P:) Drive: -----