



2016 Supported Ride Waiver

Please consult your physician before starting this or any exercise or training program.

WAIVER

I acknowledge that training for and/or participating in a triathlon, duathlon, cycling, swimming, running or any other endurance sporting event is an extreme test of my physical and mental limits and that such training and/or participation poses potential risks of serious bodily injury, death, or property damage. I attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

Furthermore, in return for my participation in this group ride, I on behalf of myself and my heirs or executors I hereby:

- a) **WAIVE, RELEASE, and DISCHARGE** Dana Lyons, his officers, directors, administrators, employees, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program;
- b) **AGREE NOT TO SUE** any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein;
- c) **INDEMNIFY, DEFEND, and HOLD HARMLESS**, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Print Name: _____ Signature: _____

Date: _____

USAT Membership # _____