

PARTICIPANTS IN THE CHICAGO TRIATHLON MUST COMPLETE AND PRESENT THIS FORM WHEN PICKING UP THEIR RACE PACKET AT THE MULTISPORT & FITNESS EXPO AT THE HILTON CHICAGO. FAILURE TO DO SO WILL DISQUALIFY YOU FROM THE COMPETITION.

PARTICIPANTS IN THE FLEET FEET SPORTS SUPERSPRINT TRIATHLON OR CHICAGO KIDS TRIATHLON MUST COMPLETE AND PRESENT THIS FORM WHEN PICKING UP THEIR RACE PACKET AT THE MULTISPORT & FITNESS EXPO AT THE HILTON CHICAGO ON FRIDAY OR AT THE RACE SITE ON SATURDAY OF RACE MORNING. FAILURE TO DO SO WILL DISQUALIFY YOU FROM THE COMPETITION.

2010 ACKNOWLEDGMENT WAIVER & RELEASE FROM LIABILITY FORM (AWRLF) FOR THE CHICAGO TRIATHLON (CT), FLEET FEET SPORTS SUPERSPRINT (FFSST) AND CHICAGO KIDS TRIATHLON (CKT)

Read this form carefully, and complete, sign and submit at race packet pick up. If under 18-years in age, signature of your Parent or Guardian is also required. If you fail to complete, sign & submit this form, you will be prohibited from participating in the event (no refunds).

I certify that I have carefully read and understand all the "Confirmation information" contained on the CT/FFSST/CKT (Event) web sites, attended an Event course talk if I had any concerns or questions regarding any aspect of the Event, and had those questions satisfactorily answered. I further certify that as the participant, I am physically fit & have sufficiently trained to participate in the CT, FFSST or that should my child elect to participate in the CT, FFSST or CKT, that my child is physically fit and has sufficiently trained to participate and that my or my child's, my physical condition for participation or my child's physical condition for his or her participation has been verified by a qualified licensed medical Doctor (MD). ___ I also acknowledge that the swim portion of the Event I will be participating in will be an extreme test of my abilities and carries the potential for death or injury. I also acknowledge that to participate in the swim leg of that Event, I Must be capable of safely swimming a distance equal to or greater than the swim distance in the Event, and that if I or my child are participating in the CT, that as the participant, one of the following is true: __a) I have participated on an age-group, high school or college swim team, b) I have completed the swim in a triathlon of equal or greater distance or c) I have completed a continuous swim in a pool or in open water of equal or greater distance within the last 30-days. ___ I also certify that the equipment I or my child will be using in the Event including but not limited to a wetsuit, bike helmet, bicycle, etc., fit properly, have been verified by a qualified professional to be in good working order, and meet the standards as defined in this brochure under Rules of Participation/Race Day Procedures. I acknowledge that the Event will be an extreme test of my or my child's physical & mental ability & carries the potential for death, serious injury & property loss. Risks include, but are not limited to those caused by terrain, road surface, temperature, water conditions, contact with obstacles or water craft, weather, vehicular traffic, actions of others & lack of hydration. I am aware that the support personnel who will provide emergency first aid will be volunteers. I hereby consent to receive medical treatment for myself or my child that may be deemed advisable in the event of injury, accident or illness during the event(s). I hereby take action for myself, my executors, administrators, heirs, next of kin, successor & assigns as follows:___

A) WAIVE, RELEASE & DISCHARGE from any and all liability for myself or my child, for my or my child's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my child as a result of my or my child's participation in the CT, FFSST or CKT THE FOLLOWING PERSONS OR ENTITIES: Creative & Production Resources, Inc. (CAPRI Events) the Event producer, the Chicago Triathlon, The Fleet Feet Sports SuperSprint and Chicago Kids Triathlon, all Event sponsors, race directors, race staff, race volunteers, the City of Chicago, the Chicago Park District, Cook County, the State of Illinois, and its (their) office, officers, directors, employees, representatives & agents & Event volunteers. ___

B) INDEMNIFY & HOLD HARMLESS the above mentioned persons or entities contained in this AWRLF from any & all liabilities & expenses (including reasonable attorneys' fees) or claims made by other individuals or entities as a result of any of my or my child's actions during the CT, FFSST or CKT.

Agreed to by me on this ____ day of _____, 2010

Name: _____ Signature _____
(Please Print) Signature of Parent or Guardian if participant is under 18-years of age

Name: _____ Signature _____
(Please Print)

Race Number	First Name	Last Name