



TPI THIS™ Training Program
Medical Information & Waiver Form

Name: _____ D.O.B: ____/____/____

Home Address: _____

Post code: _____

Telephone: _____

Mobile: _____

Email: _____

Fax: _____

In case of emergency, notify:

Name: _____

Relationship: _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Doctors Name: _____

Doctors Telephone Number: _____

Medical conditions: Please list any condition/disability/allergy currently being treated or relevant.

Please list all medications: _____

Release from liability

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a doctor. I acknowledge that I am aware of all the risks inherent in participating in a triathlon training program, including swim, bike and run workouts, including permanent disability and death, and agree to assume all those risks. As a condition of my participation in the **TPI THIS™** programme or any activities thereto, I hereby waive any and all my rights to claim for losses or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: **TPI THIS™**; the host facilities; or any individual participating in the programme as a coach, triathlete, volunteer or observer.

Name (print): _____

Signature _____

Relationship to the participant*: _____

Date: _____

*In the case of children under the age of 18yrs the above should be signed by a parent or guardian only after having ensured that the child fully understands that is important for their safety, and the safety of others that all instructions given by the staff of **TPI THIS™** are to be obeyed.