



ANANTARA
ADVENTURE
CHALLENGE

2 0 1 4

SWIM.
BIKE.
RUN.
PADDLE.

Medical Form

Please printout this document and fill for each player and hand it over to the event organizers upon arrival.

Name:

D.O.B:

Weight:

Please state any known allergies:

Past Medical History:

Please state if you are taking any prescribed medication:

Please state if you suffer from any pre-diagnosed illnesses e.g. epilepsy, asthma, diabetes, heart disease:

I can confirm I have read and agree to the event Rules & Regulations I received from the event organizer.

Date:

Contact number:

Contact Email:

Emergency contact Name:

Number:



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Participant Agreement

- 1- I acknowledge that competitive triathlon involves the real risk of serious injury or even death from various causes including over exertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, course or weather conditions and other causes.
- 2- I understand that I should not compete in this event unless I have trained appropriately and my physical condition has been verified by a medical practitioner.
- 3- By competing, I accept all risks necessarily flowing from my participation which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in this event. This release shall extend to and include the organisers of the challenge organisers, Anantara, their respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever and promoters, sponsors. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns.
- 4- I consent to receiving any medical treatment, including ambulance transportation that the event organisers think desirable during or after the event.
- 5- I consent to event organisers using my name, image and likeness before, during and after the event for event promotional broadcasting or reporting purposes in any media.
- 6- I understand that compulsory insurance cover affected for participants in this event may not cover me for all injury, loss or damage sustained by me.
- 7- Safety precautions undertaken by organisers (such as course supervision, race safety briefings, bicycle and helmet safety checks) are a service to me and other competitors but are not a guarantee of safety.
- 8- I am fully responsible for the security of my personal possessions at the event.
- 9- Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions.
- 10- I also grant full permission to all Event Organizers to store, use, license and reproduce the use of my name, likeness, voice, image, motion pictures, recordings or photograph of me, in any media or in any manner, including any electronic media for any legitimate commercial or business purposes, including advertising purposes.
- 11- I acknowledge that if I withdraw from the event prior to less than 15 days my total entry fee is non-refundable, 15 days and more I will receive 20% refund of my entry fee paid, prior to 30 days a 50% refund & more than 30 days total entry fee is refundable.
- 12- Minimum age requirement for this event is 18 years old.

Participant Name: _____ Signature: _____ Date: _____