

# 2018 Above + Beyond Adventure Tri Packet Pick Up Authorization Form



To insure that all athletes participating in our event are covered under the umbrella of our insurance policy we require that the following form be completed for all packets being picked up on behalf of another athlete. Your compliance with this process is required for participation in this event.

The person who is authorized to pick up the packet **must bring this completed form to the packet pick up location along with a copy (printed or digital) of the participants photo ID.**

Participant Bib # \_\_\_\_\_ (Can be looked up at Packet Pick Up)

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Name of person authorized to pick up race packet: \_\_\_\_\_

I acknowledge that this outdoor adventure event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of group, equipment, vehicular traffic, actions of other people including, but not limited to, participants, guides and/or spectators, and lack of hydration. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by qualified medical personnel.

I acknowledge that this Accident Waiver and Release of Liability form will be used by Above + Beyond Cancer, RipRoar Events LLC., Argo Adventures, and any additional parties involved in the production and promotion of this event in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

(A) Above + Beyond Cancer, RipRoar Events, Water Works Park, the City of Des Moines, Argo Adventures, owners, guides, volunteers and other participants. (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by Above + Beyond Cancer, RipRoar Events LLC. and Argo Adventures.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content.

PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
**Participant Signature**

or Legal Guardian for participants under 18 years of age.

\_\_\_\_\_  
**Date**